Agoura High School

28545 West Driver Avenue, Agoura Hills, CA 91310 (818) 889-1262

GRAD-NITE 2013

Safe and Sober event immediately following Graduation ceremony.

(*NOT DISNEYLAND or MAGIC MOUNTAIN TRIP)*

A. <u>Turn In your Grad-Nite Check at Registration**</u>**

(Price valid *<u>ONLY</u>* thru Registration on Friday, August 17, 2012

$150.00 ← *BEST DEAL!*

B. <u>When paid after Friday, August 17, 2012**</u>**

$165.00

C. <u>When paid after Friday, March 31, 2013**</u>**

$185.00

Make checks payable to: AHS Grad-Nite 2013 (no cash accepted)

Bring check and forms to Registration or
Send to: Grad-Nite 2013
c/o Agoura High School
28545 W. Driver Ave., Agoura Hills, CA 91301

Student Name _____
Parent Name _____
Home Address _____
Parent Phone _____
Student Phone_____
Parent e-mail _____

<u>Parent/Student Agreement</u>
MUST BE COMPLETED
AND ACCOMPANIED BY YOUR CHECK, NO CASH ACCEPTED.

AGOURA HIGH SCHOOL
GRAD-NITE 2013

SAFE AND SOBER GRAD-NITE PERMISSION SLIP

PARENT AND STUDENT AGREEMENTS

Students will not be issued a ticket. His/Her name will appear on the Grad-Nite list of participants.

****Your check will be your receipt** **ALL entrance fees are non-refundable****

Student Agreement

I understand and agree to the following policies and provisions for my participation in the Agoura High School GRAD-NITE party for the Class of 2013.

I must be eligible to graduate (walk) with my class on Graduation Day.

In accordance with the **AHS zero tolerance policy**, I agree that prior to and during the event, I will not carry and/or consume alcohol, cigarettes, drugs of any kind, or any materials or liquids which will affect my behavior and/or will have a detrimental effect on others' enjoyment of the evening.

I understand if I violate any of the above conditions, I will not be allowed to participate in the event and will not receive a refund. I further understand that once I enter the party, I may not leave unless there is an emergency.

I agree to the provisions of this contract.

_____	_____	_____
Print Student Name	Student Signature	Date

Parent Agreement

I give permission for _____(student's name) to participate in the Agoura High School GRAD-NITE party for the Class of 2013, understand, and agree with the provisions stated above.

I understand that this agreement also includes granting the GRAD-NITE parent volunteers permission to seek medical care as needed and to authorize any and all medical personnel to administer medical treatment for my child if needed.

I accept full responsibility for my child's actions. I do not hold any member of the GRAD-NITE Party Committee, any parent volunteer, or L.V.U.S.D. responsible for any accident or any lost or stolen property, which may occur during GRAD-NITE (including transport time on the bus to and from the party site). The pick-up and drop-off site is Agoura High School.

_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date

_____	_____
Phone Number	Alternate Phone Number

Alternate local contact person:_____

Name and Phone Number

Please list any medical conditions, allergies or prescribed medications relevant to your graduate: