

# Bishop O'Connell High School · All Night Graduation Party Ticket Form



Student Name: \_\_\_\_\_

Check Written by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2010 Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

## Parental Authorization and Acknowledgement of Risk and Student Commitment Agreement

For safety reasons, there will be no admissions after midnight. We will attempt to contact parent of any seniors who have purchased tickets but have not checked in by that time. No cash is necessary! All activities, food and prizes are included in the reservation fee.

### For Parents:

I understand that participation in this activity involves private property which includes a swimming pool, mechanical rides and other activities and that neither the All Night Graduation Party Committee, Bishop Denis J. O'Connell High School, nor its parent volunteers will have any responsibilities for the condition or use of this property, I have been made aware of a variety of events, including swimming, in which my student may participate, I agree that, to the best of my knowledge, my child is physically able to safely complete all of these events. In the event it becomes necessary, I will be available to pick up my child from the event, I have also had an opportunity to have all of my questions concerning this activity answered to my satisfaction.

### For Students:

I plan to attend the Bishop Denis J. O'Connell High School All night graduation Party scheduled on **June 3, 2010 through June 4, 2010** and understand that by signing this agreement, I acknowledge that I have read, understand and agree to abide by the following rules:

- a) I understand that I will not be admitted without a valid executed original of this agreement on file, and that I will be required to have identification available for admittance to the event.
- b) **This is a drug, alcohol and smoke-free event.** I will not be admitted if it is suspected that I have already consumed drugs or alcohol and that if I possess or sell alcohol or drugs or if I use any of these products during the celebration it will result in my immediate removal and a telephone call to my parent/guardian. In the even a parent cannot be contacted, the Fairfax County police will be notified. Security on site will be notified to deal with any violations of law or inappropriate conduct,
- c) I will respect the event site and do no malicious damage, I understand that in the event of my inappropriate behavior, I will be required to leave the party and agree that if asked to leave, I will do so. Any violation will be dealt with in accordance with the law. My parent/guardian will be contacted to pick me up.
- d) I understand that the event will commence at 11:00pm on June 3, 2010 and end at 4:00am on June 4, 2010. I have been advised that I may check in beginning at 10:00pm but no later than 11:15pm. I have been advised that once admitted, I cannot leave the event. If I do leave the event, I will not be granted re-admittance and my parent/guardian will be advised. I understand that my leaving will release the event sponsors from any further responsibility for my welfare or safety.
- e) I understand that no backpacks, book bags or handbags will be allowed beyond the check-in point I will be allowed to change clothes as required for certain activities and that footwear is required, and I will wear comfortable shoes.
- f) If I require prescribed medicine, it will be brought In an original container and turned in to our medical staff at check-in where it will be kept until needed Information regarding the dose and the time of dose will be provided by my parent /guardian on the reverse side of this form, or through another means, prior to the night of the party.
- g) If I become ineligible to participate in graduation, I understand I will not be allowed to attend the event and that the cost of my ticket will be refunded.

AGREED TO AND ACCEPTED BY:

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Printed Name Parent/Guardian: \_\_\_\_\_ Printed Name Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2010

Date: \_\_\_\_/\_\_\_\_/2010

Parent/Guardian Contact Telephone # \_\_\_\_\_

# Additional Parental/Guardian Instructions/ Contact Information

In the event that the student attending this event requires emergency medical treatment, please advise medical providers of the following:

Pre-Existing medical conditions

Asthma

Allergies (please list \_\_\_\_\_)

Other conditions

I hereby authorize adult volunteers at the Bishop Denis J. O'Connell All Night Grad Party to give my student the following medication(s) (which the student is providing) at the following times:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Will you allow adult volunteers to administer Tylenol to your student if needed?  Yes  No

I further authorize adult volunteers to return any remaining medications (provided by me for my student) to my student for transport from the party at the conclusion of the Bishop Denis J O'Connell All Night Grad Party, and discharge them from any and all liability. In the event that the adult volunteer has any questions concerning this medication (s), I can be contacted at the following telephone number(s):

Home Tel # \_\_\_\_\_

Cell \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_