

# PTSA Safe & Sober Grad Night Registration & Release

2012

Deadline is April 31, 2012

\_\_\_\_\_  
Student last name

\_\_\_\_\_  
Student first name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent Cell Phone

\_\_\_\_\_  
Student Cell Phone

\_\_\_\_\_ has my permission to attend the Pioneer Grad Night Cruise leaving from Pioneer High School on May 31, 2012 at 10 p.m. Transportation for this trip will be provided by commercial carrier. I authorize the Grad Night Cruise chaperones or their agents to act on my behalf to see that emergency medical treatment is provided should any medical emergency arise. I further release the Pioneer PTSA & Pioneer High School of any liability for my student's attendance on this Grad Night Cruise. I give my permission for my son/daughter to participate in the above-described trip in accordance with the terms described above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***If for any reason this student is unable to attend, I understand no refund will be issued. If this student arrives intoxicated, he/she will be sent home without a refund.***  
\_\_\_\_\_ (parent initial required)

## **CALIFORNIA STATE PTA PARENT'S APPROVAL AND STUDENT WAIVER**

***Please sign if student is under age 18***

\_\_\_\_\_ (student name) has my (our) permission to participate in the Pioneer Grad Night Cruise on May 31, 2012 at Pioneer HS/San Francisco Bay from 9:30 p.m. to 4 a.m. I (we) as parent(s) or guardian(s) of the minor, do hereby, for my (our) son or daughter, myself, my heirs, executors and administrators, remise, release and forever discharge Pioneer PTSA, San Jose Unified 6<sup>th</sup> PTA District and the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I (we) hereby certify the minor is my (son/daughter) \_\_\_\_\_ and that his/her date of birth is \_\_\_\_\_ and (we) I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician.

\_\_\_\_\_ **(If none, please write "none.")**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Please return registration materials to the Grad Night Cruise Box in the Student Services Office. Be sure to include:**

- This Registration/Emergency Release Form/California State PTA Waiver
- Your check for \$100 (before 3/16) or \$125 (after 3/16) made out to Pioneer PTSA

Visit [pioneergradnight.webs.com](http://pioneergradnight.webs.com) for more information and updates. Email Candyce O'Malley at [pioneergradnight@gmail.com](mailto:pioneergradnight@gmail.com) with any questions.