SMHS Class of 2017 Grad Night Student Waiver / Parent Approval / Ticket Reservation Form

ALL BOXED SECTIONS MUST BE COMPLETED Form must be completed and on file in order for student to board the bus

Student's Full Name:	Stude	ent ID #:		
Student's Date of Birth:	Stude	ent's Cel	II Phone #:	
The student named above has permission to participate in the San Mateo High School Grad Night activity on Thursday, June 1, 2017 from approximately 8:00 p.m. to 4:00 a.m. at the location to be revealed the night of graduation. I understand that my student will be transported to and from Grad Night by bus immediately following the graduation ceremony held at the San Mateo High School Maryann Johnson Memorial Field. I, as parent/guardian, do release, remise and forever discharge the San Mateo High School Grad Night Committee, the SMHS Parent Teacher Organization (PTO), and all SMHS PTO Officers from any claims, demands, action, or causes of action on account of referred.				
I do hereby certify that my child 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 such action, including payment of costs. I advise that the above-named student has the following allergies, medicine reactions, or unusual physical conditions, which should be made known to a treating physician (Please initial line 1 or complete line 2).				
1. No allergies, medicine reactions, o	or unusual physical conditi	ons.	Parent's Initials:	
2. List allergies, medicine reactions, and / or unusual physical conditions:				
Print Parent/Guardian's Full Name:				
Signature of Parent/Guardian (if student is under 18 years old at the time of ticket purchase)				
If student is 18 years or older at the time of ticket purchase: I, the student named above, agree to and accept the above release Student's signature				
Home Address: Home Phone #:				
Parent/Guardian's Email Address:				
Emergency Contact #'s	Mom/Guardian #1: ()		
during Grad Night Event:	Dad/Guardian #2:)		
Please check all that apply:			For Grad Night Committee Use:	
☐ Ticket for my student at \$95				
☐ I would like to sponsor another student			Ticket #	
□ I would like to help underwrite	costs not covered by			
the ticket price			Check #	

Make all checks payable to: <u>SMHS PTO / Grad Night</u> and please write your student's name in the memo line of your check.

□ Cash

□ Check

Total Enclosed:

\$