

CCA GRAD NITE 2008

PERMISSION/MEDICAL RELEASE FORM

Please Print Clearly

SENIOR'S NAME _____

PARENT'S NAME _____

We have read the CCA Grad Nite Rules and Registration information and agree to behavior consistent with them. We hereby agree to release Canyon Crest Academy, Canyon Crest Academy Foundation, San Dieguito Union High School District, and the CCA Grad Nite Committee from any and all claims, liabilities, actions, and causes of actions of any kind, and hereby agree to hold harmless Canyon Crest Academy, Canyon Crest Academy Foundation, San Dieguito Union High School District, and the CCA Grad Nite Committee from any of the above, arising out of the above named student's travel to, attending, participating in and returning from any Grad Nite activity.

We recognize the advantage of Grad Nite and its purpose of saving lives by providing an alcohol-free and drug-free environment for our graduating seniors. With this understanding, we hereby voluntarily provide Canyon Crest Academy, Canyon Crest Academy Foundation, San Dieguito Union High School District, and the CCA Grad Nite Committee with this release of all claims and hold harmless agreement.

SIGNATURE of SENIOR _____

SIGNATURE of PARENT _____

CONTACT INFORMATION: ***Update us if any numbers change before event!!***

Senior's cell phone () _____

Parent(s) home ph () _____ Parent Cell ph() _____

Alt. Parent phone () _____ Alt. Parent Cell() _____

Other Emergency Contact _____ Ph() _____

PARENT EMAIL ADDRESS _____

STUDENT EMAIL ADDRESS _____

MEDICAL INFO- Allergies or medical condition that may create an emergency _____

Physician's name _____ PH () _____

Circle Senior's T-Shirt Size (adult sizes): Small Med Large XL XXL

PAYMENT INFORMATION Make **CHECKS** payable to: **CCA Foundation – Grad Nite**

Ticket Purchase Amount * \$ _____

I would like to Sponsor another Senior \$ _____

I would like to make a Donation \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

***NOTE: Scholarships available;
Contact: Erica Williams in ASB
erica.williams@sduhsd.net**

Check # _____ or VISA, M/C

Credit Card Number _____ **exp date** _____

Signature for Credit Card purchase _____

*MAIL PAYMENT & ORIGINAL FORM with PART 2: CARPOOL & ACTIVITY PERM. Form (on next page) TO:
CCA FOUNDATION – GRAD NITE, 3525 Del Mar Heights Rd #434, San Diego CA 92130
OR drop this Form & Check into CCA Fdn. GRAD NITE BOX in the Administration Office at CCA.*

PLEASE MAKE A COPY FOR YOUR FILES – RETURN THIS ORIGINAL w/Part 2(next Page)

**CCA GRAD NITE 2008 – Part 2 of Release and Permission form
CARPOOL & ACTIVITY PARTICIPATION PERMISSION FORM**

Please Print Clearly

SENIOR'S NAME _____

Carpool Permission:

We understand the CCA Grad Nite party begins at 10pm Thursday, June 12th and continues through 4:30am Friday morning. **STUDENTS ARE NOT ALLOWED TO DRIVE THEMSELVES OR OTHERS TO OR FROM THIS EVENT.** The following individuals have permission to transport/carpool the student named above home on Friday morning after the party:

Name _____ relationship _____

Home ph _____ Cell ph _____

Name _____ relationship _____

Home ph _____ Cell ph _____

Name _____ relationship _____

Home ph _____ Cell ph _____

Activity Permission:

During the course of the evening at Grad Nite, the senior students will have the opportunity to participate in various activities. We need your permission for your student to participate in the following activities:

The student named above has permission to **PARTICIPATE** in "Laser Tag"

Yes___ No___

The student named above has permission to **OBSERVE** the "Hypnotist Show"

Yes___ No___

The student named has permission to **PARTICIPATE** in the "Hypnotist Show"

Yes___ No___

SIGNATURE OF SENIOR _____

SIGNATURE OF PARENT _____

**Mail Original Form To: CCA FOUNDATION – GRAD NITE,
3525 Del Mar Heights Rd #434, San Diego, CA 92130**

OR

**Drop this form into CCA Foundation Grad Nite Box in the
Administration Office at CCA by Wed. June 4th.**

