

QUARTZ HILL HIGH SCHOOL OFF CAMPUS GUEST PASS CONTRACT FOR PROM APRIL 20, 2024

Instructions:

- Complete all information with signatures. Incomplete student and guest applications will be denied.
- Guests must be high school students (9th, 10th, 11th & 12th grade) and individuals who are not in high school must be between 17 and 20 years of age. **OSC Students are considered Guests.**
- Guests from other schools must be in good standing (good behavior and good attendance).
- An administrator from the guest's high school must sign this request.
- Completion of this form indicates parental permission to attend the event. Complete the Activity Participation Form on page 2.
- A photocopy of a non-high school guest's current driver's license must be provided with this completed form.
- All students and approved guests must bring a picture ID for admission to the activity.
- Guests are required to wear appropriate attire and appropriate behavior is expected.
- Non-compliance with dress and behavior will result in no admittance and no refund.
- Guest pass must be approved prior to the purchase of tickets.
- **If guest is in college a college ID must be attached of proof they are in college. If guest works we need a name and phone number of manager for proof of employment.**

Guest Information:

Guest's Name _____, _____ Grade _____ Age _____
Print (Last, first)

Address _____ City _____

Home Phone (____) _____ Guest's High School _____

Guest's Statement – (Photo ID is required to gain admittance to the dance.)

As a guest at a QHHS activity, I understand that I am under the jurisdiction of the school and must follow all school rules. Failure to do so may result in my removal from the activity and may jeopardize my sponsoring QHHS student's opportunity to attend future school activities. I acknowledge that I have read the information contained in this year's Prom Packet at quartzhillhs.org.

Guest's Signature

Date

Guest's Parent's Name (Print)

Guest's Parent's Signature

Date

QHHS Student Responsibility

I agree to be responsible for my guest's actions and adherence to QHHS rules while they are attending an activity sponsored by QHHS. The QHHS student's parent/guardian must sign below.

Last, First - QHHS Student's Name (Print)

QHHS Student's Signature

Date

If QHHS Student's Parent agrees to this guest, please sign below.

QHHS Parent's Name (Print)

QHHS Parent's Signature

Date

GUEST AUTHORIZATION Complete item I or II below

I. High School Student

The above-referenced student is in good standing at their current high school and is recommended as a guest at the QHHS activity.

Administrator's Name from Guest's School (Print)

Name of School

Administrator's Signature from Guest's School

Date

(____)

Phone

STAMP OF
GUEST'S HIGH
SCHOOL

II. Non-High School Student (A photocopy of guest's driver's license must be provided with this completed form.)

Guest's Former High School

Grad. Year

Current College/Employer

THE DEADLINE TO TURN IN THIS FORM TO THE ACTIVITIES OFFICE IS FEB 23, 2024.



VOLUNTARY ACTIVITY PARTICIPATION FORM

PERMISSION, ASSUMPTION OF RISK AND EMERGENCY MEDICAL AUTHORIZATION

No student will be permitted on the field trip unless this completed and signed authorization is submitted prior to the field trip. Verbal authorizations will not be accepted.

Field Trip Destination: **2024 The Belasco**

Club/Organization: **QHHS Activities**

Student's LAST NAME: _____ FIRST NAME _____ Student's ID _____

Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Expected Departure Date & Time: **4/20/2024 Check-in 2:30 pm; Loading begins 4:00 pm**

Expected Return Date & Time: **4/20/2024 Depart The Belasco 11:00 p.m.; return to QHHS 12:30-1:00 a.m.**

Method of Transportation: **District Bus/ Vehicle**

Medical Conditions/ Medications:

- My student does not have a medical condition to be aware of and no medication is required on the trip.
- My student has the following medical condition(s)/ allergies and requires the following medication

By signing below, I acknowledge and agree as follows:

1. These activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
2. Some of the injuries/illnesses that may result from participating in these activities include but are not limited to the following:
 - Sprains/Strains • Fractured Bones • Unconsciousness • Head and/or back injuries
 - Paralysis • Loss of eyesight • Communicable disease • Death
3. Participation in this field trip is voluntary and as such is not required by the District. I agree to assume liability and responsibility for any and all potential risks which may be associated with participation of this activity.
4. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the student's participation in this field trip.
5. Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
6. If an injury or medical emergency occurs during the field trip, notice to me and/or the emergency contact may be delayed; circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Dated: _____

Signature of Parent/Guardian

Signature of Student