

**REQUEST FOR QHHS UNDERCLASSMAN (9th/10th Grade) GUEST
TO ATTEND QHHS PROM
APRIL 20, 2024**

PLEASE PRINT: If any information is missing, the application will be denied.

Event: Prom 2024 at the Belasco

Guest's Grade Level: _____

Guest's Full Name: _____
(Print Last, First)

Guest's ID # _____

Name of Parent/Guardian of Guest: _____

Home Phone Number of Guest: _____

We have read the information contained in the Prom Packet (available at quartzhillhs.org) and agree to follow the rules to ensure everyone has a safe and memorable time at Prom. Please complete the Activity Participation Form on page 2.

Guest's Signature: _____

Parent/Guardian Signature: _____

QHHS Upperclassman Student's Name: _____
(Last, First)

QHHS Upperclassman Student's Home Phone Number: (____) _____

QHHS Upperclassman Students Relationship to Guest: _____

QHHS Upperclassman's Parent/Guardian Signature: _____

Upperclassman is responsible for turning in paperwork for their guest, purchasing a ticket, and must ride on the bus with their guest.

In the event that the guest needs to be transported home, the **parent/guardian** of the **QHHS Upperclassman's Student** is **responsible** for providing the **transportation** if the guest's contacts cannot be reached.

APPROVED

DENIED

Notes: _____

Administrator's Signature: _____

Must be returned to the Activities Office no later than Friday, 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: **Prom 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; Bus 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.
7. **PARKING LOT NOTICE:** All persons and vehicles entering this area are subject to search and the person in charge of the vehicle consents to the search of the entire vehicle and its contents with or without cause by school officials or law enforcement officers. Search may include all vehicle compartments and containers.
8. **CONSENT TO SEARCHES:** The district provides parking at school sites and at the District office for use by visitors, students and staff. By entering District parking lots, the person in charge of the vehicle acknowledges that bringing a vehicle onto District property constitutes consent to the search of such vehicle and its contents. School officials may also search students, students' property (including but not limited to backpacks and purses) or district property under the student's control when there is a reasonable suspicion that search will uncover evidence that the student is violating the law or District policies.
9. Full Prom Packet Information available at <https://www.quartzhillhs.org/programs/asb/prom>

Dated: _____

Signature of Parent/Guardian

Signature of Student