

TPHS GRAD NITE 2010
 PERMISSION / MEDICAL RELEASE FORM
Please Print Clearly

Senior's Name: (First) _____ (Last) _____

Parent's Name: (First) _____ (Last) _____

We have read the TPHS Grad Nite Rules and Registration Information and agree to behavior consistent with them. We hereby agree to release the Torrey Pines High School Foundation, Torrey Pines High School, San Dieguito Union High School District and the Torrey Pines High School Grad Nite Committee from any and all claims, liabilities, actions, and causes of actions of any kinds, and hereby agree to hold the Torrey Pines High School Foundation, Torrey Pines High School, San Dieguito Union High School District and the Torrey Pines High School Grad Nite Committee harmless from any of the above arising out of the above named child's traveling 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 Torrey Pines High School Foundation, Torrey Pines High School, San Dieguito Union High School District and the Torrey Pines High School Grad Nite Committee with this release of all claims and hold harmless agreement.

Senior Signature

Parent/Guardian Signature

 Senior's cell phone

 Parent phone number during event hours

 Parent(s) home phone

 Alternate contact & number

 Name of responsible person authorized to transport graduate other than parent.

If contact numbers change prior to the event please contact us with your new information.

MEDICAL INFORMATION:

Physician name: _____ Physician phone: _____

Allergies or medical condition that may create an emergency: _____

Ticket cost by Apr 1st \$135 or \$145 after	\$
Flower lei for graduation ceremony \$22	\$
I would like to sponsor a senior student	\$
I would like to make a donation of	\$
Opportunity drawing ticket/s \$5 each	\$
Total Enclosed	\$

Make checks payable: TPHSF/Grad Nite
 Mail check and permission copy to:
 TPHS Foundation
 P. O. Box 2489
 Del Mar, CA 92014-1789
 or drop off in TPHS Admin Building

Payment options:

Check# _____ or Credit Card _____ Exp Date _____

AMEX, Discover, MasterCard or Visa

 Credit Card Signature