

Tri-School Casual Dance Pass

Event: MORP**Date/Time: May 7, 2016****7:00 p.m. – 11:00 p.m.****Must arrive by 8:30 pm and stay till 10:30 pm****Price: \$15 per student****Venue: Servite High School****1952 W La Palma Ave, Anaheim, CA 92801****Student Name:** _____ **Grade:** _____**Guest's Name:** _____ **Phone #:** _____**Guest's School:** _____ **DOB:** _____*Guests may not be older than 21 years of age. If guest has graduated from high school, copy of DL must be attached.***PARENT PERMISSION (PARENT OF CONNELLY STUDENT)**

I understand that my child must be picked up within 15 minutes after the event and agree to notify any limousine services used by my child that the patrons are underage and may not consume or be served alcohol or any other controlled substance. I understand that my child is a **guest** at this event and is under the jurisdiction of the Tri-School hosts. I understand that failure to follow the stipulated regulations will result in his/her removal from this event.

I the undersigned, give my permission for my child to participate in the aforementioned Tri-School activity.

Should it be necessary for my child to have medical and/or dental treatment while participating in this activity, I hereby give permission to the adult(s) in charge to use best judgment in obtaining medical services. I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

I agree to release, indemnify, defend and hold harmless Connelly High School, the Diocese of Orange, and each of their respective employees, directors, officers, agents and the representatives from any and all liability arising from participation in this activity, including but not limited to any lawsuits, claims, or causes of action brought by you or any third party alleging any injuries or damages of any kind, whether relating to personal injury, damage to property, remedies in equity, attorneys' fees or court costs.

Tri-School Parent Signature: _____ **Phone #:** _____**Tri-School Emergency Contact:** _____ **Phone #:** _____**Guest Parent Signature:** _____ **Phone #:** _____**Guest Emergency Contact:** _____ **Phone #:** _____**GUEST SCHOOL ADMINISTRATOR APPROVAL FOR NON-TRI-SCHOOL GUESTS**

PLEASE ATTACH YOUR BUSINESS CARD OR STAMP THIS DOCUMENT WITH YOUR SCHOOL SEAL.

We are pleased to inform you that _____ is in good standing free of any major disciplinary infractions of school rules, education code, penal code, or known gang affiliation. We can assure Connelly/Rosary/Servite High Schools that this student's conduct will be respectful to his/herself and all chaperones at the dance.

Administrator Name: _____ **Phone #:** _____**Administrator Signature:** _____ **Date:** _____**ALL GUESTS ARE REQUIRED TO BRING THEIR SCHOOL ID CARDS**

Shaina Eser
Student Activities Moderator
Connelly High School
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Nikki Pontius
Activities Director
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714-879-6302 x121



Jeannie Nellesen
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