



Last Name \_\_\_\_\_

# SAN CLEMENTE HIGH SCHOOL 2020 GRAD NIGHT TICKET ORDER FORM

Grad Night is an all-night celebration for SCHS graduates to spend one last time together as a class. The gym is transformed into a magical venue full of entertainment, music, food & friends. Everything is covered with the cost of a ticket, including 100,000 GradBucks, which are used in the casino and to buy prizes, raffle tickets and more!

Tickets may be purchased at registration or up to and including Grad Night.

Cost of Ticket through <b>12/31/19</b>	<b>\$140.00</b>
Cost of Ticket after <b>12/31/19</b>	<b>\$160.00</b>
Cost of Ticket at the door	<b>\$180.00 CASH ONLY</b>

**\*\*NO REFUNDS AFTER JANUARY 1, 2020\*\***

**COMPLETELY FILL OUT ORDER FORM AND THE CONSENT/WAIVER ON THE BACK  
Return to Grad Night table at registration, drop at SCHS office or mail to Grad Night\***

**Please print all information clearly**

Student's Name \_\_\_\_\_ T-Shirt Size: **circle one**  
Sm Med Lrg X-Lrg

Address \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_

City & Zip \_\_\_\_\_ Home # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
(may be used to contact you regarding Grad Night)

<u>Payment Period</u>	<u>Ticket Price</u>	<u>Payment Enclosed</u>
<b>Registration-12/31/2019</b>	<b>\$140.00</b>	\$ _____
<b>After 12/31/19</b>	<b>\$160.00</b>	\$ _____
Senior Commemorative Mug (all senior names included)	<b>\$20.00/ea.</b>	\$ _____
Additional tax deductible contribution (Tax ID#33-0896329)		\$ _____
<b>TOTAL ENCLOSED</b>		\$ _____

**Make check payable to: SCHS GRAD NIGHT**

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_

**\*Mail form to: SCHS Grad Night, P.O. Box 5762, San Clemente, CA 92674**

Visit [www.schsgradnight.com](http://www.schsgradnight.com) Email: [gradnight4schs@gmail.com](mailto:gradnight4schs@gmail.com)  
'Like' us on Facebook @SCHS Grad Night  
'Follow' us on Instagram @schsgradnight\_

# SAN CLEMENTE HIGH SCHOOL - CONSENT FORM AND STUDENT WAIVER

**RULES & AGREEMENTS FOR GRAD NIGHT:** *Students & parents please read the following carefully, complete both sides, sign below to indicate your willingness to abide by all the rules and return this form with payment.*

1. Only SCHS graduates, class of 2020, may attend.
2. The use or possession of alcohol or drugs will not be tolerated. All attendees will be breathalyzed. Those found in possession of, or showing the effects of alcohol and/or chemicals, upon arrival, or at any time during Grad Night, will be detained until a parent/guardian/emergency contact person arrives to pick them up.
3. Graduates check-in: Thursday, June 4, 2020, 9:00-10:00 pm and will remain at Grad Night until check-out at approximately 5:00-5:30 am, Friday, June 5, 2020. We encourage you to drop your graduate off at Grad Night so that after being up all night they do not have to drive themselves home.
4. Graduates must bring SCHS student ID. ALL personal belongings (wallets, keys, cell phones, etc) will be checked into the Bag Room, which is secure & supervised, for the evening. Cell phone use is not allowed during Grad Night. Do not bring valuables or purses.
5. A parent/guardian/emergency contact person must be available by phone during Grad Night from 9:00 pm-5:00 am. If an attendee becomes ill or has to leave Grad Night early for any reason, Grad Night personnel will contact the parent/guardian/emergency contact person to pick them up.
6. Every graduate **MUST** return a signed Consent Form and Student Waiver before being allowed to enter Grad Night.
7. Dress comfortably and in accordance with CUSD's Student Dress Standards.

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the San Clemente High School Grad Night Committee-sponsored activities. I (we) hereby release and discharge the San Clemente High School, Capistrano Unified School District, San Clemente High School Grad Night Committee, its officers, employees, volunteers, and agents from all liability, claims, or demands for any damage, loss, or injury to the student, the student's property, or parent's property in connection with participation in these activities.

I do hereby certify that, to the best of my knowledge and belief, said student is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the student named below has had the following allergies, medicine reactions, or unusual physical condition, which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_ (If none, please write "None.")

*The SCHS Grad Night Committee has established these rules and agreements in accordance with the Capistrano Unified School District guidelines.*

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\_\_\_\_\_  
PRINT Parent/Guardian Name

\_\_\_\_\_  
PRINT Graduate's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Graduate's Signature

\_\_\_\_\_  
Parent/Guardian Telephone Number

\_\_\_\_\_  
\*PRINT Emergency Contact Person's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Person's Telephone Number