

**Class of 2011 "Double The One, Double The Fun"
Party For 2011 Grads!**

Graduation Celebration Healdsburg (GCH)

RULES FOR PARTICIPATION: Contract & Consent Form*

This is an alcohol, tobacco and drug-free event for graduates and party chaperones!

1. The possession and/or use of any ALCOHOL or ILLEGAL DRUGS will not be permitted. Anyone under the influence will NOT be admitted and will be escorted out by security. The parents or guardians will be notified and required to pick up the graduate.
2. The possession and/or use of any TOBACCO products will not be permitted. If any tobacco products are found, they will be confiscated.
3. NO BACKPACKS. Personal belongings WILL be searched by security. A party bag will be provided for belongings. Place necessary medications in a self-seal bag labeled with your name to leave with check-in personnel. Label cameras, etc. with your name.
4. Your shuttle bus will leave Rec. Park immediately after graduation and will return to HHS at approximately 3:30 to 4:30 a.m. There will be no security in the Rec Park or HHS parking lots during the party, so have someone pick you up (promptly) upon your return to HHS.
5. All graduates will be issued an ID wristband; it must be worn and visible. If not visible, the graduate will be asked to show it.
6. NO IN & OUT PRIVILEGES. A quiet room will be provided for resting or sleeping. Graduates that are allowed to leave early will forfeit all prizes.

Please provide student's sweatshirt size: _____

Sweatshirt size cannot be guaranteed, but GCI will strive to meet all requests.

Medical Release Form: Please Print Legibly

_____	____/____/____
Student's Name	Birth Date

Address – Street/City/Zip	

E-Mail Address	

In case of an emergency, please contact:

Parent/Guardian _____	Phone # _____
	Cell # _____
Alternate Contact _____	Phone # _____

I authorize the Security/First Aid staff to administer the following to my son/daughter in accordance with directions on the medication:

Tylenol__ Ibuprofen__

Allergies: _____

Other medical considerations: _____

In the event of an emergency, I authorize GCH to seek medical treatment for my son/daughter. I agree to abide by the medical release above.

_____	_____
Parent/Guardian Signature	Date

I have read the above rules for participation at the graduation celebration party. I agree to abide by them through my signature below.

_____	_____
Student Signature	Date

* Attendance may be subject to HHS Graduation requirements.