California Academy of Mathematics and Science Grad Nite Contract
***Only graduating seniors may attend Grad Nite ***

When: Thursday, June 9, 2016
Where: Disneyland & California Adventure, Anaheim, CA
Time: Buses leave at 12:00 p.m. on Thursday, June 9, 2016
and will return to CAMS at approximately 3:00 am on Friday, June 10, 2016.

Tickets: Tickets may be purchased from Mrs. Jerzycke for $105 each, PLEASE BRING EXACT CHANGE.
Your will receive your ticket on the bus. Save your receipt.

Dress & Behavior Code: All students must adhere to the following dress & behavior code so the magical atmosphere of the evening is maintained. Disneyland Resort Security has the right to refuse admission to anyone they deem not dressed or behaving appropriately.

Failure to follow dress & behavior code may result in delayed admission and/or denial of admission to Disneyland. If admission is denied, it will be the parent’s responsibility to pick up his/her child at Disneyland and there will be NO REFUND.

Unacceptable for EVERYONE:
- Any clothing affiliated with a school, sports team, group, club, etc. (i.e. letterman jackets, clothing with school logos, etc.)
- No clothing or tattoos with obscene, lewd, or offensive language
- No clothing that can be construed as indecent, or that may be viewed as inappropriate for a family environment.
- Extremely revealing clothing (i.e. bathing suit tops or bottoms, see-through clothing, etc.)
- Hats
- All backpacks, briefcase, hip packs, camera bags, tote bags, oversized purses
- Weapons, knives, chemical irritants of any kind, laser pointers
- Food & Beverages (including water bottles and snack items)
- Prescription medication (not previously approved)
- Over-the-counter medications (not previously approved)
- Tobacco products (even if you are over 18), includes but is not limited to: Cigarettes, cigars, chewing tobacco, snuff, electronic cigarettes, etc.
- Alcohol or any controlled substance
- No shoes with skate wheels
- Cameras, cell phones, pagers are ok if they are NOT in cases
- All apparel must be in good condition (no excessively ripped or torn jeans, shirts, etc.), no extremely revealing clothing allowed.
- No glass containers

Students may not:
- Fight or engage in horseplay
- Harass others for any reason
- Chant school names

REFUNDS
Refunds will only be given to the parent/guardian of the individual who purchased the ticket if: (1) the parent/guardian comes to the school to request a refund or speak to the appropriate level administrator ATLEAST 2 WEEKS before Grad Nite, (2) receipt must be turned in when a request is made, (3) a $10 fee is paid (this will be deducted from the amount refunded). Refunds will be ready within two weeks after the request is made. NO REFUNDS will be given to students who are not admitted.
PLEASE BE ADVISED OF THE FOLLOWING
The administrative staff at the California Academy of Mathematics and Science reserves the right to refuse entrance to anyone who exhibits inappropriate behavior, is inappropriately dressed (as outlined in this contract), or is suspected of being under the influence of alcohol (there will be RANDOM breathalyzers given) or other substances. Students who are removed from Disneyland due to poor behavior will be sent home and parents will be responsible for picking him/her up from Disneyland. Anyone caught in violation will not be allowed entry onto the 2016 Grad Nite and a parent/guardian will be responsible for picking him/her.

TAKING CURRENT MEDICATION
It is very important for the Grad Nite chaperones to know if any students attending Grad Nite will be carrying medications (including over-the-counter) with them.

- Therefore, although CAMS chaperones will be in Disneyland & California Adventure with the CAMS students during Grad Nite, they may not be with any particular students. Therefore, it is imperative that a student who may need medication immediately (such as an inhaler or Epi-Pen) carry that medication with them at all time. In order to carry their medications, it is mandatory that a Medication at School Form must be on file with the CAMS office.

- If you need a Medication at School Form, they are available in the CAMS office. Each medication, including over-the-counter medication, requires its own Medication at School Form.

Please read & fill out the following:

☐ My child will NOT be carrying any medication (including over-the-counter medicine).

☐ My child will be carrying prescription and/or over-the-counter medications and a Medication at School Form for each medicine including over-the-counter medication is on file at the CAMS office.

Note: The Medication at School form must be signed by a parent/guardian AND a doctor for all medications including over-the-counter medications such as Tylenol, Aleve, etc.

MEDICAL AUTHORIZATION
Should my child need to have medical treatment while participating in this activity, I hereby give the California Academy of Mathematics and Science personnel permission to use their judgment in obtaining medical services for my child. I give permission to the physician. I understand that any medical or hospital costs incurred for such treatment shall be my sole responsibility.

➢ Student signature indicates that you have read and agree to all provisions outlined.
Student Name (Print) ________________________________  
Student Signature ________________________________  
Date ________________

➢ Parent/Guardian signature indicates you have read and agree to all provisions outlined. Parent/guardian also agrees to pick up the student PROMPTLY when they return to CAMS.
Parent Name (Print) ________________________________  
Parent Signature ________________________________  
Date ________________
REQUEST TO PARTICIPATE IN FIELD TRIP

Student’s Name: ________________________ School: CAMS
Description of Activity: GRADNIGHT, DISNEYLAND, CALIFORNIA ADVENTURE
Date of Activity: 6-9-16 Depart 12:00 A.M./P.M. Return: 3:00 A.M./P.M. 6-10-16

Lunch:
☐ Student will be at school during Lunch
☐ Student should bring sack lunch
☒ Other: ________________________________

Method of Transportation:
☐ Walking
☒ School bus
☐ Private Auto
☐ Other: ________________________________

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.

2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

I, to the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student’s health.

__________________________________________
Date

__________________________________________
Signature Parent/Guardian
(To be retained by Supervising Teacher)

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

__________________________________________
Student’s Name

__________________________________________
Emergency Telephone Number

__________________________________________
Home Address

__________________________________________
Home Telephone Number

__________________________________________
Business Telephone Number

__________________________________________
Signature Parent/Guardian

__________________________________________
Date

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL.

9/28/02
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