Chatsworth High seniors complete this side. Attach copy of picture ID. Due Tues. May 8, in Parent Center, C-Bldg. or A-6.
Guests who are not seniors complete reverse side.

Chatsworth High School PTSA
Grad Nite at Disneyland, June 7 – 8, 2007, 8:30 p.m. to 8:00 a.m.
Parents' Permission Slip and Student Waiver for Chatsworth High Seniors

Print name of senior | Per. 3 Teacher | Per. 3 Room Number

If you are bringing a guest who is not a Chatsworth High senior, the guest and parents (if guest is under 18 years old) must have completed the reverse side when this form is submitted.

Please read and complete the appropriate sections.

Senior under 18 years old, complete this section with parent signature(s):

_____ has my (our) permission to participate in Chatsworth High School PTSA Grad
Name of Minor
Nite at Disneyland Park starting on Thursday, June 7, at 8:30 p.m. and ending on Friday, June 8, 2007, at 8:00 a.m. I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) Son or Daughter, myself, my (our) heirs, executors and administrators remise, release and forever discharge the Chatsworth High School PTSA, North West Valley Council PTA, 31st District, and the California Congress of Parent, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of each of the foregoing, acting officially and otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) Son or Daughter and that his/her date of birth is _____, and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions, or unusual physical condition which should be made known to a treating physician. If none, please write the word, "none."

_____

1._____ _____
Signature of parent/guardian — Print name of parent/guardian

_____ _____
Address City and Zip — Night time area code and phone number for emergency

2._____ _____
Signature of parent/guardian — Print name of parent/guardian

_____ _____
Address City and Zip — Night time area code and phone number for emergency

Senior 18 years or older, complete this section:

The above waiver for the minor child is also to be read and agreed upon for the student or guest 18 years and older with signature below. List any allergies, medicine reactions, or unusual physical condition which should be made known to a treating physician. If none, please write the word, "none."

_____

_____ _____
Signature of senior — Address City and Zip

_____ _____
Print Name of Emergency Contact — Night time area code and phone number for emergency

All Chatsworth High Seniors must complete this section for the Attendance Office:

_____ _____ _____ _____
Print name of senior — Per. 3 Teacher — Per. 3 Room — Date of Birth

Friday, June 8, is a regular day at Chatsworth High School. Please check one of the following:
_____ Please allow my son/daughter to be excused to go home at 8:00 a.m. on Friday, June 8.
_____ My son/daughter will stay at school on Friday, June 8, after Grad Nite.

_____
Signature of parent/guardian