

Guests who are not Chatsworth High seniors complete this side. Attach copy of picture ID. Due Tues. May 8.

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 Waiver for Guests

I, _____, wish to attend Grad Nite with _____.
Print name of guest Print name of CHS senior on reverse side

I attend _____ school, and I am in the _____ grade (must be 11th grade or older).
 I understand that Friday, June 8, is a regular school day, and only Chatsworth High 11th grade students will be excused from school by completing the last section below. I understand that appropriate behavior is expected of me, and any inappropriate actions on my part will be considered a direct reflection on the Chatsworth High senior whose guest I am.

Please read and complete the appropriate sections.

Guest 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

Guest 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 guest	Address City and Zip
_____	_____
Print Name of Emergency Contact	Night time area code and phone number for emergency

11th grade Chatsworth High student guests must complete this section for the Attendance Office:

_____	_____	_____	_____
Print name of student	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