

**2024 Magic Mountain Junior High Grad Nite - Eagle Rock Jr./Sr. High PTSA**

Student Name \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Student Mobile \_\_\_\_\_ Allergy/Special Need \_\_\_\_\_  
 Student Email \_\_\_\_\_ Home Room Teacher \_\_\_\_\_

**Junior High Grad Nite is May 24, 2024 from 3:00 pm to 12:30 am**

\$130 for Cash or Money Orders/Checks/Cashier's Checks to "Eagle Rock Jr./Sr. High PTSA"  
 \$135 for Credit Card, Apple Pay or Android Pay

<b>IMPORTANT FACTS - RULES AND REGULATIONS</b>	<b>STUDENT INITIALS</b>	<b>PARENT INITIALS</b>
<p><b>Please be at school no later than 3:00 pm for registration. We will be loading the buses at 3:30 pm.</b></p> <p><b>Departure from Eagle Rock HS is 4:00 pm.</b></p> <p>Participant bag is subject to a search prior to leaving, and at any time. You give consent that the participant may be subject of a pat down search by Magic Mountain while on the premises of the Six Flags Property. You will need your <b>ID and receipt</b> to get on the bus.</p> <p>Backpacks or large bags will not be allowed inside the park.</p>		
<p>Your ticket includes a catered all-you-can-eat dinner 6:00-8:30pm.                      NO outside food is permitted. Students with allergies/sensitivities can receive a medical sticker from Security to bring their own food into the park.</p>		
<p>Participants must be culminating 8th graders in good standing with the school. If you are not in good standing and you are not eligible to culminate, you forfeit any payment and no refund will be issued.</p>		
<p>Alcoholic beverages or marijuana, or any illegal substance, smoking, vaping, and electronic cigarettes are prohibited at Magic Mountain.</p>		
<p>Participant will adhere to dress code.</p>		
<p>Participant will behave in a manner that is deemed normal by civilized society. Weapons or objects that appear to be weapons are not allowed. Laser pointers or other items deemed potentially harmful or disruptive are prohibited. Other prohibited items are spray paint and markers of any kind, selfie sticks, skate shoes (a.k.a. Heelys).</p>		
<p>Participant must remain in the park until the whole group leaves.</p>		
<p><b>Upon return from Magic Mountain, student will be picked up on Yosemite Drive between 12:00 am to 12:30 am on May 25. All students must be picked up by a parent/guardian or authorized person.</b></p>		
<p>Students will not be allowed to take public transportation or walk home. All students must be picked up by a parent/guardian or authorized person. Once the student and parent/guardian/authorized person leave the school premises in a service car (Uber, Lyft or taxi), Eagle Rock Jr./Sr. High PTSA, California State PTA and Eagle Rock High School are released of any liability incurred outside of the school premises. Eagle Rock Jr./Sr. High PTSA, California State PTA, nor Eagle Rock High School will not be responsible for any damages, theft, or loss of property on cars parked on school premises or street.</p>		

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**Eagle Rock Jr./Sr. High PTSA Grad Nite Permission Slip**

I understand certain rules will be in effect during Grad Nite, as listed, and also acknowledge and agree that in the event of a violation of such rules or regulations the participant will be required to exit Magic Mountain and, in such event, I agree to be responsible for picking up the participant and no refund will be issued.

**I understand that the Junior High Grad Nite Event is not a school sponsored event.**

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound I have signed this consent on behalf of my minor child, on the date set forth below.

I, \_\_\_\_\_, as legal guardian/parent (hereinafter referred to as "guardian")  
for \_\_\_\_\_ (hereinafter referred to as "student") do hereby give permission for him/her to participate in the PTSA Grad Nite trip. Student and Guardian understand that student assumes full responsibility for their own actions and shares responsibility for the group's actions. If needed because of emergency, Guardian hereby legally authorizes chaperones to authorize any medical services that my child might require. **I have listed below any prescription medicine that my child will have with them on the trip, or any special arrangements if needed for my child.**

Student and Guardian further understand that student must abide by all rules and regulations set by the chaperone, school, Magic Mountain, bus company, etc. **if any of these rules, partially listed, are broken, student may be sent home at parent's expense without refund** and will hold the Eagle Rock Jr./Sr. High PTSA, California State PTA, Los Angeles Unified School District, its agents, officers and all chaperones harmless of any liability.

Unacceptable conduct: excessive rowdiness, fighting, damaging of property, foul language, and any illegal act(s) including stealing or shoplifting, not following chaperone rules. Participants are expected to act in a socially acceptable manner deemed normal by civilized society.

Participants are expected to abide by the dress code as outlined in this package of information. Any article deemed vulgar, offensive, or inappropriate by chaperones and by Magic Mountain, shall not be worn at any time while on this trip.

It is illegal for participant to be found in possession of or under the influence of Alcohol and/or drugs, including marijuana, or illegal substances. A participant found under the influence or in possession of drugs or alcohol or illegal substances will be immediately expelled from the trip without refund, and local enforcement will be notified. Notification regarding prescription drugs must be listed on a separate sheet and presented to the assigned chaperone before departure. Note: participants belongings may be searched at any time.

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

Print Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**We may call mobile and/or home phone of Parent/Guardian after 12:00 a.m. to confirm pick up.**

Parent/Guardian Mobile \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Name/Number \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Medications/Allergies/Special Needs Instruction \_\_\_\_\_



**PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER**

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

**Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):**

1. \_\_\_\_\_  
Participant Name (Student Name) Age, if minor child

2. \_\_\_\_\_  
Participant Name Age, if minor child

3. \_\_\_\_\_  
Participant Name Age, if minor child

4. \_\_\_\_\_  
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that is it my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. 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(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): \_\_\_\_\_

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. \_\_\_\_\_  
Parent/Guardian Signature Print Name Date

2. \_\_\_\_\_  
Parent/Guardian Signature Print Name Date

\_\_\_\_\_  
Address City State Zip Phone (include Area code)