



EHS Grad Night 2025

Registration Form



(DATE AND TIME TO BE DETERMINED)

Grad Night Ticket Pricing (Includes Admission & Transportation) – UNTIL SOLD OUT

August 15, 2024 – October 15, 2024:	\$190 (cash or check)
October 16, 2024 – January 15, 2025:	\$200 (cash or check)
January 16, 2025 – March 31, 2025:	\$225 (cash or check)
April 1, 2025 – June 9, 2025:	\$250 (CASH ONLY)

REGISTRATION (Checks payable to EHS PTSA)

Student Name:	
Student Phone:	
Parent Name:	
Parent Phone:	Email Address:
Date Paid:	Amount Paid:
Check No.:	Cash:

To secure our event, the EHS PTSA makes non-refundable payments to the event company throughout the year. As a result, your Grad Night payment is non-refundable.

I have read and agree to the above statement: _____
Parent Signature

BEHAVIOR RESPONSIBILITIES FOR SENIORS

PLEASE READ CAREFULLY

1. School dress code applies. Dress casually and comfortably for late-night activities, it may get cold.
2. You **must** bring your EHS school ID or DL with you.
3. Students **must** turn in a signed Registration and PTSA Parent's Approval/Student Waiver forms.
4. You **MAY** bring your cell phone and extra money, but PTSA and volunteers are **NOT** responsible for personal items.
5. **DO NOT** bring alcohol, tobacco, e-cigs, hookah pens, weapons, or similar type of paraphernalia. If not allowed at school, it is **NOT** allowed at Grad Night.
6. **Every** senior will undergo thorough searches, per district policy, including bag checks, pocket searches, pat downs, metal detectors, and breathalyzer screening.
7. **NO** student under the influence of any illegal or controlled substance (including prescription narcotics) will be permitted to attend Grad Night.
8. This is not a closed venue. Students cannot leave and reenter the venue; we are not responsible for students who leave.
9. Parents will be called for any senior who violates these guidelines, and the student will be sent home. **NO REFUND WILL BE GIVEN.**
10. Students **must** adhere to all public health requirements in place at the time of the event.
11. Students' ineligible for graduation activities will not be allowed to attend. **NO REFUND WILL BE GIVEN.**

We have read the above guidelines and understand that failure to comply will result in exclusion from ALL Grad night activities.

Student signature: _____ Date: _____ Printed Student Name _____

Parent signature: _____ Date: _____

*If interested in chaperoning or if you have any questions,
please email esperanzagradsnite@gmail.com*



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 2024-2025 school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child

2. _____
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 it is 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.

Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)