

Name: _____
Last First

Senior ID #: _____

SENIOR AGREEMENT FORM FOR PARTICIPATION IN COMMENCEMENT

This form must be signed and completed by **ALL** senior students, participating in commencement or not. Tickets will not be distributed without this form.

Check here if the student plans to participate in the **Commencement Ceremony**.

Check here if the student does **NOT** plan to participate in the **Commencement Ceremony**.

IUSD EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION – MINOR

This form indicates that the undersigned student and parent/guardian have read and will abide to the agreement in this Commencement Activity dated June 8, 2016. Further, we agree to indemnify and hold harmless University High School for any costs, expenses or liabilities to the extent caused by the student during the Commencement Ceremony.

Name of School: **UNIVERSITY HIGH SCHOOL**

I hereby give my permission for my child, _____, to participate in the **Commencement Ceremony at the UCI Bren Center** field trip as part of his/her regular school program. This trip is to be held on **June 8, 2017** leaving at **12:30 PM, one way trip from University High School to the UCI Bren Center.**

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation of unfulfilling of these behavior standards will be sent home at the parents' expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents and servants (herein) collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

 Parent/Guardian Signature

 Date

 Student Signature

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

In the Event of illness or accident and if different from above, please contact:

Name: _____ Phone Number: _____

Address: _____

Special Note:

(1) All drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) **check here if there are NO special** problems that the staff should be aware of and NO drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them here:

Name of medication and reason: _____

(If your son/daughter has a special medical problem, kindly attach a description of the problem to this sheet)



COMMENCEMENT TICKET ORDER FORM

University High School 2017

The University High School Commencement Ceremony is
Thursday, June 8, 2017 at 2:30 PM at the UCI Bren Events Center

Admission to the ceremony is by ticket only. Each student will receive two complimentary tickets and can purchase up to **10** additional tickets at \$8 each. Completed order forms, along with payment, must be submitted to the Student Activities Center no later than **Friday, May 5, 2017**. Additional tickets will be made available on a cash and carry basis starting May 8, 2017.

All ticket sales are pre-sale only.

Contractual obligations with the Bren Events Center prohibits us from ticket sales at the door.

PLEASE COMPLETE THE FORM BELOW ALONG WITH THE PERMISSION SLIP ON THE REVERSE SIDE & RETURN TO THE STUDENT ACTIVITY CENTER.

If the Permission Slip is not completed, signed and submitted, tickets will not be distributed.

Senior Name: _____ Student ID # (5 Digit): _____

Complimentary Tickets: 2

Additional Tickets (\$8.00 each & not to exceed 10 tickets): + _____ @ \$8.00 = \$ _____
Cash or Money Order Only

Total Number of Tickets: =
(Total number of tickets)

All pre-order tickets will be distributed at the cap and gown distribution on Tuesday, June 6, 2017

If your family would like more than the tickets ordered above, left over tickets will be available starting Monday, May 8 on a cash and carry basis at the Student Activity Center (SAC).
Seats have been added to the Bren Center.