

**KAPA`A HIGH SCHOOL
2018 PROJECT GRAD**

Participant Permission Form/ Release Waiver Form

My child, _____, has my permission to attend PG 2018.
(Print Last, First, Middle Initial)

I understand this celebration is offered to all graduates who have signed and maintained both the Project Grad Participant Agreement and their Senior Contracts. I understand that it is being planned and hosted by a group of volunteer parents, staff and supportive adults. I understand that participation in this celebration is fully voluntary and that every precaution will be taken to ensure the safety of my child.

I understand that participants will be notified of the time of bus departure and that all attendees must travel to and from the event location on their assigned buses. I understand that if my child does not check-in before departure, I will be notified via telephone by the Project Grad committee. I acknowledge that I am responsible for my child from the time the bus has departed and release the Project Grad committee from full responsibility of my child.

In consideration of the benefits of this event for my child and having full confidence that my signature below shows that I have read and accepted all the rules and guidelines stated on this form, the Medical Information and Emergency Form, Participant Agreement Form and the Participant After-Party Release Form (back of this form), I agree to waive all claims and not to place suit or hold liable the school, any volunteer personnel, any organization or host property for any incident or injury that may occur to my child while attending the event.

IT IS UNDERSTOOD THAT IF A PARTICIPANT VIOLATES ANY RULES SET BY THE PROJECT GRAD COMMITTEE, INCLUDING BUT NOT LIMITED TO: DAMAGING PROPERTY, USE OR POSSESSION OF ALCOHOL, TOBACCO OR ILLEGAL DRUGS AND POSSESSION/USE OF FIREARMS AND FIREWORKS; IT WILL BE CAUSE FOR PARENTS/GUARDIANS TO BE NOTIFIED IMMEDIATELY AND REQUIRE THEM TO PICK UP THE PARTICIPANT. THE PARENTS/GUARDIANS AND THE PARTICIPANT WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED. THE POLICE WILL BE NOTIFIED IF NECESSARY. I UNDERSTAND THAT NO REFUNDS WILL BE MADE IN THE EVENT THAT MY CHILD IS A "NO-SHOW" OR IS EXPELLED FROM THE PROJECT GRAD CELEBRATION.

Print Name of Participant

Print Name of Parent/Guardian

Signature of Participant / Date

Signature of Parent/Guardian / Date

Home Phone _____ Parent Cell# _____ Student Cell# _____

Student T-shirt size is: Small Medium Large XLarge 2XLarge 3XLarge *(Circle one)*

PLEASE RETURN ALL COMPLETED FORMS ALONG WITH \$75 PAYMENT BY **FRIDAY, MAY 4, 2018**
MAKE CHECKS PAYABLE TO "KAPA`A HIGH SCHOOL PROJECT GRAD" AND NOTE "2018 CHILD'S NAME" IN THE MEMO.
DROP OFF FORMS AND PAYMENT AT COUNSELORS' OFFICE OR MAIL TO P.O. BOX 923 KAPA`A, HI 96746
THIS WILL ENSURE THAT YOU ARE INCLUDED IN OUR HEAD COUNT.

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Participant After-Party Release Form

I acknowledge that my child, _____,
(Print Last, First, Middle Initial)

must be picked up at **6:00am on Saturday, May 26,2018 from the GYM PARKING LOT.**
(Parking lot near Student Activity Center and open field area).

I acknowledge that once my child has been released to the designated driver, I am fully responsible for his/her health and well-being. I acknowledge that it is a strict policy of Project Grad that my child does not drive after the event due to driver fatigue. Thus, I designate the following individuals to pick up my child after the event at the noted pick-up site.

In the event that I am unable to pick up my child, please release him/her to one of the designated adults listed below. Each individual is over the age of 18 and will provide a valid state driver's license prior to being given release of my child.

NOTE: Your child will only be released to the designated adult drivers listed below.

Print Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

My signature below confirms that I agree to all the terms listed above.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

**KAPA`A HIGH SCHOOL
2018 PROJECT GRAD**

Participant Medical Information

Participant's Name: _____
(Print Last, First, Middle Initial)

Birth Date: _____ Age: _____ Male Female

Mailing Address: _____

Home Address (if different from above): _____

Medical Plan: _____ Plan #: _____

Physician: _____ Phone: _____

List ANY special health condition(s) or dietary requirements: _____

Is your child on any medication? _____ Yes _____ No If yes, list any medication your child is currently taking and the dosage amount and time: _____

List any allergies (food, medication, other) _____

Reaction: _____ Treatment: _____

The Project Grad Committee will not provide any medications. Prescription medication must be in its original container with student's name on the label. All medications must be in a clear, zip-lock bag with the student's name visible on the outside. The bag must be submitted by the parent/guardian to the PG committee at the time of check-in. Feminine hygiene products will be provided.

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2018 PROJECT GRAD**

Permission to Administer Medication and/or Emergency Assistance to Participant

Participant's Name: _____
(Print Last, First, Middle Initial)

I will provide the PG committee with: (inhaler, special meds, medical equipment etc.) _____

My child _____ may _____ may NOT receive acetaminophen (Tylenol, Tempra, etc)

My child _____ may _____ may NOT receive ibuprofen (Advil, Motrin, etc)

In case of emergency, contact: (PLEASE PRINT CLEARLY)

Print Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

****Please make sure that the emergency contacts listed will be available throughout the duration of the event.***

AGREEMENT AND CONSENT FOR TREATMENT

This is to certify that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines and surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son/daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient. If emergency treatment is required for my child and I cannot be contacted immediately, I authorize the Project Grad committee or authorized chaperone to call 911 or the nearest hospital to administer treatment to my child as needed for his/her health and welfare.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

PGRAD COPY
PLEASE RETURN

Kapa`a High School
2018 Project Grad
Participant Agreement

Student Name: _____ Male _____ Female _____
(Print Last, First, Middle Initial)

Mailing Address: _____

Home Phone: _____ Parent Cell Phone: _____

1. I understand that participation in this event is voluntary and that attendance is a **PRIVILEGE** and **NOT A RIGHT**.
2. I understand that this celebration is offered to all graduates who sign and maintain the conditions of this Participant Agreement and their Senior Agreement (the distribution date of the Senior Agreement has not yet been determined).
3. I understand that the Project Grad Committee has the authority to exclude my participation in the event.
4. I understand that all school rules apply at this event. Therefore, I understand that alcohol, tobacco, or other illegal drug use and possession/use of firearms and fireworks are prohibited.
5. I understand that a **“zero tolerance”** rule for possession/use of ANY prohibited substances will be enforced. If I violate this rule, I will be expelled immediately from the event.
6. I understand that I will be required to wear an official Project Grad T-Shirt that will be provided to me and that I must change into it prior to bus departure (changing area will be provided). I further understand that the school’s dress code will be in effect and that I must not alter or change the design/style of the T-Shirt at any time.
7. I understand that the only items I am only allowed to have in my possession at the time of bus departure are my yearbook, camera, a jacket and consent to a physical pad down upon check in.
8. I am responsible for my own actions and will conduct myself in a mature, safe manner at all times. I further understand that vulgarity, profanity, obscene conduct or expressions, and horseplay are not acceptable.
9. I understand that any chaperone at any time may reprimand me for any violation of the party and/or facility rules.
10. I understand that I am to remain on the party premises at all times.
11. I understand that photos and recordings will be taken at the party, they will become the property of the Project Grad Committee and may be used in various media (brochures, posters, video, CD ROM, newspapers, bulletins, etc.) for the purpose of program marketing (promotion, program description, recruitment, etc.). I consent and authorize the use of photographs of me without compensation.
12. I understand that I shall not be allowed to drive to and from the PG event due to the nature of the program and the fatigue factor involved with driving. I will be transported by bus to the event site as well as the designated drop-off site on Saturday morning. I will be released from the drop-off site to the responsible adult(s) designated by my parent(s)/guardian(s) (details will be provided and responsible adult(s) named as we get closer to the event).
13. I understand that no refunds of “deposits” will be made. If I am a “no show” at the time of bus departure, my parent/guardian will be notified. If I am not allowed to participate or are removed from the event, due to breaking school rules or not meeting the requirements set forth, all monies paid in to date will be forfeited.

I have read and agree to comply with the above stated terms and conditions. I understand that the Project Grad Committee reserves the right to dismiss me from the event if I fail to follow this agreement, and that my violation of any of these terms and conditions may subject me to immediate expulsion from the Project Graduation event. I understand that if necessary, the police will be contacted. My parent(s)/guardian(s) will be notified, and if necessary, will be responsible for my immediate removal and any expenses incurred for damages to property that I have caused.

Participant’s signature

Date

FOR PARENT/GUARDIAN OF PROJECT GRAD PARTICIPANT: I/We have read this agreement, discussed it with my/our child, and accept all of the terms and conditions as stated.

Parent’s/Guardian’s signature

Date