

SDHS PTSA GRAD NITE 2025 PERMISSION SLIP

****required to attend****

PTSA 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 student who will participate in any San Diego High School PTSA sponsored events (ex. Grad Nite) for the 2024-25 school year:

1. _____

Participant Name	Student ID #	D.O.B
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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 enter NONE. If yes, please enter the allergy, condition, or medication the student will need to bring

_____.
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.

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1. _____
Participant Name Student ID # D.O.B

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.

2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Primary Phone (include Area code)

Parent/Guardian Email: _____

3. Second Guardian.Emergency Contact Name: _____ Phone: _____

4. Student (not sandi.net) Email: _____

5. Student cell phone: _____

Departure Details:

Grad Nite 2025 will be taking place at Disney's California Adventure. All students will meet on the visitor side of the stadium at SDHS for pickup at 5 pm on Thursday, May 22, 2025 and will return to the visitors side stadium by 4:00 am on Friday, May 23, 2025.

Students may park their vehicles in the lower half of the Visitor Parking while attending GradNite.

Pickup Details (must pick one):

____ Student will be picked up at arrival (approximately 4am) by (name/number/relationship):

____ Student is parking at SDHS and driving home.

____ Student is walking or carpooling home.

All participants must be picked up or drive themselves home. Students that don't drive are responsible for getting home at drop-off. MTS doesn't run until 6:00 am, so parents that are picking up must pick up their student when the buses arrive back at SDHS.

****Return this form to the PTSA ticket sellers located in the library during lunch on a day tickets are being sold. TO ATTEND YOU MUST HAVE BOTH PAID AND TURNED IN YOUR PERMISSION SLIP.**