

Guest pass application for St. Bernard High School event

NO late applications will be accepted!! Due no later than:

Tuesday, May 13th 3:30 PM

Activity:	<u>PROM</u>
Date/Time:	<u>May 16th, 2014 Friday</u>

Application must be completed in INK. Completed application must be turned in for the guest before tickets can be purchased. Approved/not-approved guest applications will be held in ASB after the Dean signs off on the application. Please allow an extra day for approval of your guest before you purchase your tickets. NO FAXED, SCANNED, OR REPRODUCED COPIES OF APPLICATION ACCEPTED.

St. Bernard Student Information	
Student Name:	
Grade Level:	
Parent/Guardian Name:	
Parent Phone Number(s): (# to be contacted during event)	

Guest Information (Guest age limit - Freshmen in high school to 20 years old)	
Attach a photocopy of your driver's license or school ID to this application. You must present this same ID upon arrival at the event.	
Guest Name	Birthdate:
Guest School	Grade:
Guest Home Address	
Guest Parent/Guardian Name:	
Guest Parent Phone Number(s): (# to be contacted during event)	

RULES GOVERNING CONDUCT:

- St. Bernard High School will not approve a guest pass if the student/guest has a prior disciplinary incident or if the school or the SBHS parent, teacher or administrator does not recommend the guest.
- It is the SBHS student's responsibility to have completed application of the guest pass prior to purchase of tickets.
- Names on Guest Applications cannot be changed once the tickets are sold with the expressed permission of the Dean. There will be no refunds after the tickets are sold because of a change.
- ALL ST. BERNARD SCHOOL RULES WILL BE FOLLOWED while attending a SBHS sponsored activity.
- The guest must present a current photo ID (license or current year school ID) at the door of the event or they will not be allowed to enter the event.
- SBHS student and guest must adhere to the St. Bernard dress code and standards of dress for the event.
- SBHS reserves the right to prohibit entrance into the dance for dress code violations of either the student or his/her guest.
- SBHS student is responsible for the behavior of their guest. The guest must follow the same rules and guidelines as the St. Bernard student.
- If the guest or student exhibits inappropriate behavior, school administrators may suspend both the student and the guest from the event and contact the parents to pick up the students. Future attendance at SBHS activities may be jeopardized for both students.
- In the event extraordinary disciplinary action or removal from the event is necessary, St. Bernard administrators may contact the administrator at the guest's school to report the incident.

All Signatures Required on the Reverse

SIGNATURES BELOW INDICATE UNDERSTANDING AND AGREEMENT TO THE RULES OF CONDUCT.

Guest's School Administrator (Please Attach Business Card):	
Position:	Date:
St. Bernard Student Signature:	Date:
St. Bernard Parent Signature:	Date:
Guest Signature:	Date:
Guest Parent Signature:	Date:

GUEST PARENT: EMERGENCY TREATMENT AUTHORIZATION

I request that my son/daughter be permitted to participate in the above St. Bernard High School activity. My child has no medical condition that would render it inappropriate for him or her to participate in this activity. I agree to direct my child to cooperate and conform to directions and instructions of the school personnel responsible for this activity. As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this event, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining emergency medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Guest Student Name	Date of Birth
Guest Parent Name printed	Date
Guest Parent/Guardian Signature	
Please list all phone numbers where you can be reached during the times of the event.	
Home Phone #	Cell Phone Other Phone #'s
In the event of an emergency and the parent listed above cannot be reached, who should we call?	
Emergency Contact Name	Relationship
Home Phone	Cell Phone Other Phone #'s
Medical Conditions/Allergies*:	
*In case of allergic reaction, does the student carry an EpiPen? Yes No	
List any medications the student is taking of which we should be aware:	