Coral Springs High School

Please fill out completely and sign at the bottom. This form must be submitted BEFORE purchasing when purchasing tickets. Tickets will be on sale Feb 1st – March 1st. Tickets will be sold during Lunches on Blue Days. CASH ONLY.



|  |  |  |
| --- | --- | --- |
| My child  |   |   |
| Last Name | First Name | Student Number |

has my permission to travel to Islands of Adventure and Universal Studios in Orlando, Florida for Grad Bash 2023 on Friday, April 28th, 2023.

**The cost is $210 and includes Lunch, Transportation, and Early Pre-Party and**

**Admission to both parks.**

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| **Attendees must be CSHS Seniors who are on track to Graduate.** **This includes GPA Requirement, Service Hours fulfilled, and all obligations cleared.** **Your form must be signed in advance of purchasing by your 12th Grade Administrator, Ms. Winterholler.**  |

Administrator's Signature:

 I understand the following:

If my child incurs excessive or unexcused absences during the third or fourth quarter, they may forfeit the privilege of attending this trip and all monies will be forfeited.

If my child was suspended out of school during the school year or any referrals are accumulated during the second semester, they may forfeit the privilege of attending this trip and all monies will be forfeited.

If my child is unable to attend grad Bash, regardless of the reason, there will be no refund given. These tickets are nonrefundable and nontransferable. No exceptions.

If my child violates any of the Broward County School Code of Conduct rules, the Coral Springs High School Grad Bash rules, or the law, (i.e., shoplifting, drugs, alcohol, etc.) while attending this trip, they will not be returning on the bus, and I will have to pick up my child in Orlando.

If my child arrives after the 2:00 A.M. deadline for returning to the bus, there MAY BE A CHARGE FOR KEEPING ALL THE BUSES LATE. In addition, the child and/or parent(s)/guardian(s) will be held responsible for any damages incurred to the bus.

Student Signature

Parent Signature

Student Cell Phone Number

Parent Cell Phone Number

# Emergency Contact

In case of emergency, I can be reached at phone number: reached, please contact Name:

 . In the event I cannot be Phone Number:

# Health/Accident Insurance

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company: Policy #:

OR I have attached a photocopy of my family insurance identification card.

NOTE: "AT SCHOOL" Student Accident Insurance WILL NOT cover overnight field trips under any circumstance

 I do not have insurance; however, I will pay any and all medical bills for emergency care of child.

 Are there any medical problems you wish for us to be aware of, **please list:**

I, the undersigned, being the parent or legal guardian of the student name above, hereby authorize any necessary medical treatment. I also guarantee payment of all charges incurred for this treatment.

Insurance Company Policy Number

Regarding the above-mentioned student, I submit the following information:

1. Allergies to food, medication, etc. (please list):
2. Is this student on continuing medication (this includes Birth Control)? If so, please state the medicine and dosage prescribed. PLEASE INDICATE IF IT IS NECESSARY TO TAKE SAID MEDICATION(S) WITH THE STUDENT.

 Family Physician:

 Print Name Office Phone

Street Address City Zip Code

 Parent/Guardian Name (Please Print):

 Parent/Guardian Signature: / /2023