

UNDER THE STARS

J.P.TARAVELLA SENIOR PROM CLASS OF 2021



Friday, May 14, 2021
From 7:00 – 10:00PM
Tom Messenheimer Field
2575 Sportsplex Drive, Coral Springs, FL
33065

Semi-Formal/Formal Attire
Masks are Required!
COVID restrictions are enforced!

Receipt # _____

FORM #1 (JPT SENIORS ONLY)



J.P. TARAVELLA CLASS OF 2021 PROM PERMISSION FORM

PRINT CLEARLY:

CLASS OF 2021 STUDENT NAME: _____

Student ID #: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____ **City:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Name of Alternate Emergency Contact: _____ **Relationship:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

RULES FOR ATTENDEES:

- All guests attending the prom must adhere to the Broward County Code of Conduct. Please visit the following internet link to view the Code of Conduct Policy: www.broward.k12.us/sbbcpolicies/docs
- Alcohol, narcotics, drug paraphernalia, and tobacco, in any form, are not permitted at the prom
- There is no re-entry to the prom.
- Student must wear a mask properly the whole event (unless actively eating or drinking).
- All eating and drinking must take place inside your outdoor suite.
- COVID restrictions will be enforced. If you do not follow these guidelines, you will be asked to leave.
- ABSOLUTELY NO REFUNDS
- All attendees must present a photo ID for admittance to the prom

I have read and understand the “rules for attendees”. I am aware that breaking any of the rules can lead to disciplinary action, ejection from prom, and/or arrest by the police.

Attendee Signature

Parent Signature

Date

SUITE REQUEST

I request the following three people be in my suite:

Person 1: _____

Person 2: _____

Person 3: _____

Receipt # _____

FORM # 2
(OPT JUNIORS, SOPHOMORES, and FRESHMEN)



J.P. TARAVELLA CLASS OF 2021 PROM PERMISSION FORM

PRINT CLEARLY:

GUEST NAME: _____ GRADE LEVEL: _____

Student ID #: _____

You have been invited to attend the Class of 2021 Taravella Prom by:

(Class of 2021 member who you will be accompanying)

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____

Home Phone Number: _____ Cell Phone Number: _____

Name of Alternate Emergency Contact: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

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I have read and understand the “rules for attendees”. I am aware that breaking any of the rules can lead to disciplinary action, ejection from prom, and/or arrest by the police.

Attendee Signature

Parent Signature

Date

Assumption of Risk, Waiver, Release & Hold Harmless

**COVID-19 and Voluntary Extracurricular Activities
Summer 2020 and School Year 2020-21**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Broward County, Florida and Broward County Public Schools (collectively, "BCPS "). The novel coronavirus, known as COVID-19, has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

BCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year, herein after the "Activity." For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

To ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) are to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BCPS staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Broward County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)'s participation in the Activity including any claim based on the negligent acts or omissions of School District employees and agents.

Signature of Parent/Guardian

Signature of Student

Print Name of Parent/Guardian

Print Name of Student

Date of Signature

Date of Signature