

# ASB Guest Contract

## *Learning Post High School*

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(EVENT NAME/DESCRIPTION)

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(EVENT DATE)

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(EVENT TIME)

**TO:** Students & guests attending a Learning Post High School ASB event, and their Parents

**FROM:** Dr. Pete Getz, Principal

ASB events are school sponsored activities and ALL school rules and regulations will be in effect. Before signing this contract, please fill out all the information listed on the front of this sheet and carefully read the notices regarding the CONTROLLED SUBSTANCE POLICY, DISTRICT LIABILITY WAIVER, and MEDICAL RELEASE INFORMATION on the back of this sheet.

<i>Student Name</i>	<i>School ID #</i>
<i>Guest Name</i>	<i>School ID #, if applicable</i>
<i>Date of birth</i>	<i>School Attending, if applicable</i>
<i>Home address</i>	
<i>City</i>	<i>ZIP</i>
<i>Parent/Guardian name</i>	
<i>Emergency phone number</i>	<i>Relation to student</i>

\*If the student is over 18, the student must STILL get a parent/guardian signature. If you are over 18 and cannot obtain this, the line must be signed by a Learning Post Administrator—before you turn in this Contract to the Office—in order for your Contract to be considered complete. It is the student's responsibility to obtain all signatures on this sheet.

**By signing below, I agree to follow all school rules and regulations. I also attest that I have read and fully understand all the information on both the front and back of this ASB event contract.**

Student signature

Date

Student's Parent/Guardian signature\*

Date

Guest signature

Date

Guest's Parent/Guardian signature\*

Date

**ASB events are school sponsored activities and all school rules and regulations will be in effect.**

1. In particular, your attention is called to the Wm. S. Hart Union High School District's policy on possession/use/influence of alcohol, drugs or any controlled substances. Stated simply: Any student who has unlawfully possessed, used, sold or otherwise furnished or been under the influence of any controlled substance as defined in Section 11032 of the Health and Safety Code, alcoholic beverage or intoxicant of any kind at school or any school sponsored activity shall be subject to:

- An immediate five (5) day out-of-school suspension;
- Possible arrest by law enforcement authorities;
- Possible expulsion from all schools in the District;
- Possible transfer to another school or educational program;
- Possible denial of the privilege of participation in graduation ceremonies and/or extracurricular activities.

2. If applicable to the event, school personnel will check all students prior to boarding bus/limo, and security officers will monitor activity throughout the event. You are further advised that any such violation of the above policy will necessitate your parents providing transportation home from the event and that any event money paid will not be refunded.

3. Nice casual attire is required for boys and girls unless formal wear is specified for the event. All dress code policies remain in effect. No bare midriffs or inappropriate, revealing clothing will be allowed. Students will NOT be allowed to attend the event if they are inappropriately dressed.

4. If applicable to the event, all students must arrive at Learning Post departure location prior to designated event departure time. Bus/limo space is extremely limited, and students arriving late may forfeit their opportunity to attend event and will not be issued a refund. Learning Post High School and the William S. Hart Union High School District bear no responsibility for any emotional or material loss as a result of students being late for departure, or breaking any of the rules stated above.

5. If event includes dance, students and their guests are expected to BEHAVE APPROPRIATELY on the dance floor. Any students who engage in dangerous, lewd, or inappropriate behavior on the dance floor, including "freak dancing" that may be interpreted as being sexually suggestive, will be removed from the dance floor. No refunds will be issued for students violating dance floor expectations.

6. This ASB event is only for Learning Post High School. Students not attending Learning Post High School must have an administrative pre-approved Guest Contract, or they cannot attend.

7. If applicable to the event, parents are advised the bus/limo will return to the Learning Post High School designated return location. Learning Post High School encourages parents to be actively involved in promoting safe after-event transportation and activities after students depart Learning Post High School ASB event.

**Learning Post High School reserves the right to revoke the graduation privileges for any conduct deemed to have violated this contract or school or district policy.**

#### **NOTE TO PARENT/GUARDIAN:**

#### **SECTION 35330 OF CALIFORNIA EDUCATION CODE STATES IN PART:**

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion."

#### **AUTHORIZATION FOR MEDICAL CARE**

\*If the student is over 18, the student must STILL get a parent/guardian signature. If you are over 18 and cannot obtain this, the line must be signed by a Learning Post Administrator—before you turn in this Contract to the Office—in order for your Contract to be considered complete. It is the student's responsibility to obtain all signatures on this sheet.

SHOULD IT BE NECESSARY FOR MY SON/DAUGHTER TO HAVE MEDICAL CARE WHILE PARTICIPATING IN THIS TRIP. I HEREBY GIVE THE SCHOOL DISTRICT PERSONNEL PERMISSION TO USE THEIR JUDGMENT IN OBTAINING MEDICAL CARE AND AMBULANCE SERVICE. I ALSO GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE SCHOOL DISTRICT PERSONNEL TO RENDER MEDICAL CARE DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN. I UNDERSTAND THAT THE SCHOOL DISTRICT HAS NO INSURANCE COVERING SUCH MEDICAL OR HOSPITAL COSTS INCURRED FOR SUCH MEDICAL OR HOSPITAL COSTS INCURRED BY ME SON/DAUGHTER AND THEREFORE, ANY COSTS INCURRED FOR SUCH TREATMENT SHALL BE MY SOLE RESPONSIBILITY.

*INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT (Please identify for whom these instructions apply):*

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