

TLC Academy Guest Contract

(Guest must be in Grades 9 -12)

This is not a ticket. You must submit this completed contract for approval before purchasing a ticket.

Event	TLC High School Prom	Place	The US Grant 326 Broadway, San Diego, CA 92101
Date	Thursday, May 16, 2019	Time	6:00pm - 10:00pm

TLC - Student & Parent Information

Name: _____ EP: _____ Grade: _____

I am giving my permission for the guest listed below to attend the event with my student. I have reviewed the event guidelines below and will assume responsibility for my student and their guest.

Parent/Guardian Signature: _____ Date: _____

Guest - Student Information

Name: _____ Age: _____ Grade: _____

I attend school at: _____

Emergency Contact: _____ Phone Number: _____

I am giving my permission for my student to attend this TLC Event and have review the guidelines below with my student.

Parent/Guardian Signature: _____ Phone: _____

Guest - School Verification

Obtain the approval of your school administrator/advisor verifying you are a student in good standing with no major disciplinary problems this year.

I verify that the above named student is in good standing and has acceptable behavior to attend the event with a TLC Academy student.

Administrator/Advisor:(Print) _____ Signature: _____
(Please attach business card)

Rules for Participation

1. Guests must submit a Guest Contract when purchasing tickets.
2. Students and guests must attend the event **together** by the stated deadline and present a picture ID upon entering. Once attendees enter, they may not leave and return.
3. Administrators and faculty have full authority to admit, refuse admission to, or dismiss any student/guest from the event.
4. TLC Rules of Student Discipline will be enforced for all students and guests. Cooperation with all adult supervisors is required.
5. No tobacco, drugs or alcohol is permitted. Anyone who arrives under the influence of alcohol or any other controlled substance will be denied entrance to the event and is subject to disciplinary action and possible arrest.
6. Attendees must maintain a certain level of decorum. Mannerisms should fall within the standards of social acceptability and good taste. Students or guests behaving inappropriately will be removed by the staff member in charge of the event. Parents will be contacted and required to pick up their son/daughter immediately.
7. Do not bring valuables to the event. There is no storage provided. If you do, you do so at your own risk.
8. A dress code that reflects modesty will be enforced.
 - Bare backs beyond mid-back, bare midriffs, cleavage, excessively short skirts or see-through clothing that reveals undergarments is not acceptable.
 - Pants that sag or hang low enough to expose undergarments is not acceptable. Clothing with slogans or symbols that depict tobacco, alcohol, drugs or sexually suggestive or offensive messages should not be worn as well as any that identify with a group/organization/gang.

Individuals or couples who are dressed inappropriately or engage in inappropriate behavior will be removed from the event and parents/guardians contacted. There will be no refunds for students in violation.

I agree to follow the TLC dress code, behavior and guidelines necessary for participation.

TLC Student Signature

Guest Signature

Emergency Contact Information (During hours of Event):

Guest phone number: _____

Emergency Contact Name: _____ Phone: _____

Consent to Treat

Please INITIAL your choice of desired action in the event of accident or emergency.

_____ 1. In the event of an accident or emergency, I do hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. I further authorize the physician named below to undertake whatever x-ray examination, anesthetic, medical, surgical treatment and hospital care considered necessary for my child, as he/she considers necessary. In the event that said Physician is not available, I authorize such care and treatment to be performed by a licensed Physician or surgeon. **I FULLY UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL COSTS INCURRED BY EMERGENCY TREATMENT SERVICES, INCLUDING AMBULANCE OR EMERGENCY TRANSPORTATION.**

Physicians Name: _____ Phone: _____

Medical Insurance or HMO: _____ Policy #: _____

_____ 2. I do not choose the above statement and desire the following action to be taken.

Ed. Code Sec. 35330 states that "All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district or the State of California for injury, accident, illness, or death occurring or by reason of the field trip or excursion. All parents or guardians of pupils taking out of state field trips or excursions shall sign a statement waiving such claims. My signature on this form shall constitute an informed and knowing waiver as required by law."