

Whitney High School Students

Junior Prom and Senior Ball Agreement

The prom is a school sponsored activity and all school rules and regulations will be in effect. Please be aware of the Rocklin Unified School District's policy on possession, use, and influence of alcohol, drugs, or any controlled substance. The policy states: Any student who has unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of any controlled substances, 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:

1. An immediate five day suspension
2. Possible arrest by law enforcement authorities
3. Possible expulsion from the Rocklin Unified School District and/or transfer to alternate education

All individuals entering the dance will be checked by school personnel. You are further advised that any such violation of the above policy will necessitate the parent/guardian providing transportation home from the dance and that the ticket cost will not be refunded. Furthermore, Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district of the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion."

COVID-19 Acknowledgment: All students entering the dance must abide by current CDC COVID-19 guidelines. Failure to do so may result in the removal of the student from the dance. Information regarding the current guidelines will be released prior to the event to ensure that all students are aware of the expectations.

All ticket sales are final and nonrefundable!

**I have read and understand all of the above terms and conditions.
I agree to conform to all of the above.**

Student Name (please print): _____

Student Signature: _____

Parent Name (please print): _____

Parent Signature: _____

Parent Phone Number: _____

In case of emergency, when the parents cannot be reached please contact the following adult. Phone number is required and will be used in the event of an emergency or violation of the above policy.

Name: _____ Phone Number: _____

Should it be necessary for my child to have medical care while participating in this event, I hereby give the school district personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I 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 by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

Parent Signature: _____

