The Class of 2016 will be Celebrating
Grad Nite at DISNEYLAND
May 30 – June 1, 2016

- CURRENT Price from now until December 31st - $220 ($230 by credit card or paypal)

*The price includes a 1 day park hopper pass to both parks, transportation on luxury motor coaches to and from school, food on the buses and a Grad Nite Class of 2016 t-shirt.
(*Grad Nite sweatshirts, food and souvenirs in the park are not included in the above price)

Final registration Jan 1, 2016 through February 29, 2016 $250.00 ($262 credit card/paypal)
No registrations will be accepted after Feb 29, 2016

- We already filled 4 Buses. Don’t miss your chance to go on this amazing trip
- There will be NO refunds after Jan 31, 2016 – No Exceptions!

- Drop off payment and forms in the Admin office or pay online (forms will need to be turned in to school)
- Make Payment to: BV Grad Nite all forms and payment must be complete at the time of registration to guarantee your spot on the bus.

- This event takes a years’ worth of planning and fundraising to keep cost down, please support our monthly fundraisers and get on our email list for important information about info meetings, and fundraisers. We need your support to help make this trip a memorable one for your Graduate.

- October 28th – 6:30pm in the cafeteria - Trip Information night for Parents and Seniors

For more details visit: BellaVistaGradNite.com

Call Kim Pitillo 916-826-6445
bellavistagradnite@gmail.com

Follow us on Instagram at BellaVistaGradNite16
Twitter at BVgradnite16

GRAD NITE is for GRADUATING BVHS Students ONLY!*In order to attend the trip students must be on good behavior and are following school rules at the time of graduation, students who are not following school and PTSA policies will forfeit their trip and will not receive a refund. No Exceptions! This is a NO TOLERANCE trip.
GRAD NITE REGISTRATION FORM

REGISTRATION INFORMATION: (*Must complete all information below)  PLEASE PRINT CLEARLY

*STUDENT'S NAME: ________________________________

*STUDENT'S HOME PHONE: _________________________

*STUDENT'S CELL PHONE: _________________________

*STUDENT'S ADDRESS: ______________________________________

*STUDENT'S EMAIL: ________________________________

*PARENT'S NAME: _________________________________

*PARENT'S CELL OR HOME PHONE: _________________________

*PARENT'S EMAIL: ________________________________

NOTE: It is important to include both student and parent email addresses so that we can provide important updates and Grad Nite deadlines.

PAYMENT INFORMATION:

Number of students: _____ at $220._____ (see page 1 for cost)  T-shirt Size:  S M L XL 2XL (incl)

Additional T-shirt _____ at $15 = ___________ S M L XL 2XL  Circle one  Girls Cut T-shirt / Boys Cut T-shirt

Grad Nite Sweatshirt ______ at $30= _________ S M L XL 2XL  Registration Total $__________

PARENTS: Check below if you are interested in volunteering or if you want to be a chaperone:

[ ] Volunteer  [ ] Chaperone

This trip is for Graduating Bella Vista Students Only! There will be absolutely No REFUNDS after Jan 31, 2016. This event has a zero-tolerance policy for all participants. If a student is not abiding to school rules and policies at the time of graduation or while on the trip we have the right to refuse them and they will be forced to forfeit their trip and no refunds will be allowed!

This is a Safe and Sober Grad Nite event sponsored by the Bella Vista PTSA. Parents and students will be required to sign behavior contracts (coming soon) even if your student will be 18 years of age.
PARENT'S APPROVAL AND WAIVER OF LIABILITY

________________________________________ (print student's name) has my (our) permission to participate in the Bella Vista High School PTSA-sponsored Grad Nite Disneyland trip from May 30 through June 1, 2016.

I (we) assume all risks in connection with the student’s participation in any and all PTSA sponsored activities, including the Grad Nite Disneyland trip. I (we) hereby release and discharge the Bella Vista High School PTSA and its board members, the Grad Nite Committee and its members, the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student’s property, or parent’s property in connection with these activities, including damage, loss or injury caused by negligence.

I (we) certify that to the best of my (our) knowledge and belief the student is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. The student has the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation (if none please write none):

*Even if student will be 18 years of age both parent and student must sign

1.

*Parent's Signature

Date

______________________________
Print Name

(_____)____________________
Phone

2.

*Parent's Signature

Date

______________________________
Print Name

(_____)____________________
Phone

3.

*Student's Signature

Date

______________________________
Print Name

(_____)____________________
Phone
GRAD NITE MEDICAL AUTHORIZATION
& EMERGENCY INFORMATION

STUDENT’S NAME

Field Trip Destination: Disneyland
Departure Date: May 30, 2016  Time: 9:00 pm  Return Date: June 1, 2016  Approx. Time: noon
TRANSPORTATION: Chartered buses.

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Parent/Guardian

Home # Work # Cell #

PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING STUDENT’S HEALTH:

___ My child has no known health problems.

___ My child has the following health problems:

____________________________________________________________

(Please identify any medication that the student may need or will be taking during the course of this trip.)

ONLY bring what is needed for the trip: This is a Grad Nite and Disneyland Policy. All medicine MUST be Checked in

PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

___ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the PTSA to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician’s Name Phone #

Medical Insurance Name (Kaiser, etc.) Medical #

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


PARENT/GUARDIAN SIGNATURE DATE

(Original Form to be carried by person transporting student.)