



Yosemite High School

PTA

50200 Road 427 Oakhurst, California 93644

Dear Senior Parents & Graduating Seniors,

Sober Grad is definitely on for this year. We will be having it at The Landing which is directly across the street from the High School. As always it starts following graduation. We have plenty of activities, prizes, food and entertainment for the graduates.

Please note: Graduates will NOT be able to drive themselves to or from the event. They will need to have a ride, no exceptions. Without going into detail of past years' issues, we keep them from drinking and driving during the celebration, but as we all know, being up all night leads to tired driving which is just as bad. Attached is the permission slip for the event.

- All permission slips can get turned into the YHS office, to Sarah Campstrom's mailbox.
- Students must be dropped off and picked up by an adult - they may not drive themselves to the event even if they're 18.
- They all need a permission slip signed by a parent or guardian (even if they're 18) - a PTA rule. The 18 year olds can sign for the two treatment consent and liability parts. We want mandatory signatures from the parents or guardians for the **driving section**.
- Alternative Schools and Glacier are welcome but must also have permission slips.
- Event is free for seniors, no guests allowed
- Will be putting out volunteer/chaperone sign up sheets soon.
- Permission slips are due on or before Friday June 3rd.
- If you have any donations (prizes, gift cards) they can be dropped off at YHS or you can call Kimberly Smith to arrange to have them picked up.

If you have any questions please feel free to contact me via the YHS PTA facebook page – just search, **Sober Grad-Night**, email: YHSPTA@yahoo.com or call me direct 559-676-0942.

Sincerely,

Kimberly Smith

Yosemite High School PTA, President

Health, Medical & Liability Release Form

The Landing @ The Grove
50089 High School Road
Oakhurst, CA 93644 Phone
(559) 683-7911
(559) 676-0942

<http://www.thegrovefc.org>



PTA®

Yosemite High School
50200 Road 427 Oakhurst, CA 93644

2016 YHS SOBER GRAD

Student's name _____ Age at event _____ Date of birth ____/____/____

Male ____ Female ____ Parent or Guardian _____

Home Phone (____) _____ Cell Phone (____) _____

Home address _____ Email _____

Emergency Contact (In addition to Parents) _____ Relationship _____

Emergency Contact Phone (____) _____

NO STUDENT ATTENDEE WILL BE ALLOWED TO DRIVE TO OR FROM THIS EVENT. ALL ATTENDEES WILL BE DROPPED OFF between 10:00 and 12:00 PM on Wednesday 6/8/16 and PICKED UP at 5:30 AM on Thursday 6/9/14. Gates will be closed midnight to 5 AM. NO ATTENDEES ARE ALLOWED TO LEAVE WITHOUT A DESIGNATED NON ATTENDING DRIVER.

Signature of Parent or Guardian _____ Date _____

Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all activities designed for his/her age group. I further authorize Yosemite PTA as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the medicine practices act on the medical staff of local hospitals whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____ Date _____
(Signature Required - Signature of Parent or Guardian if under 18)

Medical Liability Release

MEDICAL RELEASE: In case of illness or injury, Yosemite PTA has my permission to procure medical treatment for the above named (minor, if applicable). I understand Yosemite PTA does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all such fees and charges arising from illness or injury that may occur.

LIABILITY RELEASE: The undersigned, for himself or herself and on behalf of his or her children/wards and their personal representatives assigns or heirs, (hereinafter referred to as Releasers), hereby releases and agrees and covenants not to sue Yosemite PTA and or The Landing @ The Grove, their owners, directors, stock holders, agents, successors or any employee, (herein after referred to as Releasees), from any and all liability for loss, damage, injury, death or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Yosemite PTA. The undersigned elects to participate and/or allow his or her children/wards, to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN/WARDS TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN/WARDS DOES NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____
(Signature Required - Signature Required of Parent or Guardian if under 18)

May we use your student's photo in future Sober Grad promotional materials Yes ____ No ____

Return completed form to Sarah Campstrom at YHS office