



## UNIVERSAL STUDIOS GRAD NIGHT BASH 2020

### PLEASE PRINT ALL INFORMATION

Name of St. Lucy's Student: \_\_\_\_\_

Destination: **UNIVERSAL STUDIOS GRAD NIGHT BASH 2020**

Student Cell: ( ) \_\_\_\_\_ Parent Cell: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Time of Departure: **3:30 P.M.**

Date: **Friday, May 15, 2020**

Type of Transportation: **Bus** Time of Return: **\*Approx. 3:00-4:00 A.M.**

Amount: **\$120.00 PER PERSON - due with this form.**

Parents/Guardians may not legally abdicate their full responsibility for their children to anyone, but they can give permission for the school authorities to supervise an activity. This means that the Principal of the school appoints instructors/chaperones to accompany and to supervise the activity, which your daughter will attend. It is the responsibility of the appointed instructor/chaperone, as a delegate of the school, to maintain reasonable and responsible supervision at all times.

I hereby release and discharge St. Lucy's Priory High School and each and all of its agents and employees from any liability whatever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of my child's participation in this field trip, or the transportation in connection therewith.

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service for the child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. I understand that all costs of paramedic transportation, examination X-ray, or treatment provided in relation to this authorization shall be my responsibility.

By signing your name you indicate to the authority of St. Lucy's Priory High School that you understand the above and permit your daughter to attend the supervised activity. In addition, you acknowledge that your daughter will follow all the rules and regulations of St. Lucy's Priory High School and Universal Studios.

Mrs. Judy Hartranft, Principal

Mrs. Kelly Gonzalez, Moderator

1. In case of an emergency, I/we authorize a responsible representation of St. Lucy's Priory High School to accompany our daughter to the nearest hospital for medical attention and to initiate any medical attention necessary by authorized personnel. I understand that I will be notified as soon as possible.
2. Buses will leave at 3:30 p.m.
3. Buses will leave Universal Studios approximately 60 minutes after the park closes at 2:00 a.m.

STUDENT'S Parent/Guardian Signature

Date

Student's Signature

Date