

AIEA PROJECT GRADUATION 2010

FORM #2 – PARENT AGREEMENT AND PICK-UP INFORMATION

PARENT/GUARDIAN INFORMATION AND AGREEMENT

My (our) child has permission to attend the Aiea Project Grad 2010 activities to be held after Commencement Exercises on Friday, May 28, 2010. I (we) know that Project Graduation is a drug, tobacco and alcohol free event. I (we) cooperate fully to ban their use and understand every effort will be made to provide a safe and secure environment during this event.

I (we) understand that:

- 1) if my (our) child is found to be in possession of alcohol, tobacco and/or drugs, under the influence of alcohol and/or drugs, he/she will NOT be allowed to participate in the activities and I (we) will be notified to pick him/her up immediately;
- 2) this registration is confirmed ONLY when all required Project Grad 2010 forms are fully completed and turned in with payment paid-in-full. There will be NO REFUNDS. Form #1 (Registration), Form #2 (Parent Agreement and Pick-up Information), Form #3 (Waiver of Liability) and Form #4 (Rules and Guidelines) are due with your payment (according to payment schedule on Form #1 - Registration). All other forms (Form #5 – Medication Authorization and other forms required for participation) will be turned in at the mandatory parent meeting to be held in April/May, 2010. All information is strictly confidential; and
- 3) I(we) am/are responsible for picking up my (our) child after Project Grad 2010 at the Cafeteria of Aiea High School on Saturday, May 29, 2010 at 7:00AM and must sign for the release of my (our) child. **UNDER NO CIRCUMSTANCES WILL MY (OUR) CHILD BE ALLOWED TO DRIVE HOME AFTER THE EVENT.** This is to prevent any traffic accidents or fatalities due to fatigue.

Father's Signature: _____

Mother's Signature _____

PARENT INFORMATION

MOTHER'S NAME _____ EMAIL Address: _____

PHONE #s HOME: _____ WORK: _____ CELL: _____

FATHER'S NAME _____ EMAIL Address: _____

PHONE #s HOME: _____ WORK: _____ CELL: _____

PICK-UP INFORMATION

- A. I(we) the parent/guardian will pick-up my (our) child at the Cafeteria of Aiea High School at 7:00AM. Yes No
- B. If I(we) is/are unable to pick-up my(our) child, I(we) authorize the following person(s) to pick up my(our) child:

	Name	Relationship	Home Phone	Cell Phone	Alternate No.
1.					
2.					
3.					
4.					

Person to contact in case of emergency (during Project Grad Event)

Name: _____ Relationship _____

Home Phone: _____ Cell Phone _____ Alternate No. _____

INSURANCE:

_____ My child has medical coverage with _____ (HMSA, Kaiser, Straub, etc)

_____ My child is NOT covered by any medical insurance plan (Please complete below)

_____ My child has military medical coverage

Students who do NOT have medical coverage, please complete below:

Dear Parents:

Project Graduation is not considered an "Official" school event.

In the event your child incurs injuries or illnesses related to this event, you will be responsible for any and all resulting expenses. Project Graduation and Aiea High will not be liable for any illnesses or injuries related to this event. If you have any questions, we recommend that you contact an insurance professional for advice.

_____ I have read and understand the above. I release Aiea's Project Graduation 2010 from any or all liability for any illnesses or injuries to my
(initial) child during the Project Graduation event on Friday, May 28, 2010 and Saturday, May 29, 2010.