



Cherokee Trail High School Guest Registration Contract

2019 Celebration of Wishes – Friday, February 8, 7:00-10:00 p.m.

Cherokee Trail High School
 Activities Office
 720.886.1940
 Fax 720.886.1987

**FORM MUST BE SUBMITTED TO ACTIVITIES BY
 WEDNESDAY, JANUARY 30, 2019 AT 3:45 PM
 NO LATE FORMS WILL BE ACCEPTED
 Celebration of Wishes includes inflatables
 Please sign waiver for your student to participate**



Last name initial
 of CTHS Student.
 For office use only



I agree to supply completely and truthfully the information below. I understand that Cherokee Trail High School Administration has the right to verify this information and that Cherokee Trail High School Administration may conduct a criminal records check.

CT STUDENT AND GUEST, PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING OF THE FOLLOWING EXPECTATIONS:

CT STUDENT	GUEST	EXPECTATIONS
		This completed contract must be returned by 3:45 p.m. on Wednesday, January 30, 2019 to the Activities Office with a copy of the guest's photo ID (may be school ID, driver's license, or passport) and birth date. A list of all approved guests will be posted outside of Activities and at the ticket sales table by Monday, February 4, 2019. It is the responsibility of the CTHS student to verify that his/her guest's name is listed.
		All guests must be under the age of 21 and may not be middle school students. The guest is the responsibility of the CTHS student. If the guest is asked to leave, the CTHS student will also be asked to leave. No refunds will be given for students asked to leave the dance.
		All students and their guests, regardless of age, will be held accountable to CCSD rules regarding alcohol, drugs, and tobacco.
		When purchasing tickets, the CTHS student must purchase his/her ticket and the guest ticket at the same time. Guests are not eligible for the Activities Fee discount.
		All CTHS students must bring a current CTHS ID and all guests must bring a current photo ID to the dance. Each student may only bring one guest, and the CT student must enter and leave the dance with the guest.
		In keeping with the CTHS vision to prepare our graduates for college, work and life, students will be held to CHSAA eligibility standards for all school dances. <u>Students with 2 or more F grades as of the morning of January 30, 2019 will be unable to participate in the Celebration of Wishes.</u> In addition, students with excessive unexcused absences and/or major behavior concerns may be unable to participate in this event. It is our desire to see all students involved and enjoying the high school experience, and we believe that our students can and will meet our expectations that they are strong students FIRST.

Cherokee Trail student must complete this section	Guest currently attending high school must complete this section	
<p>CTHS Student Full Name (Print Clearly) _____ Grade _____</p> <p style="text-align: center;">Cherokee Trail Student</p> <p>I affirm that all information on this form is correct and that CTHS administration may verify this information. My initials above indicate that I have read this form, and I agree to abide by the rules listed. Making false statements on this form may result in disciplinary action.</p> <p>_____ Student Signature</p> <p style="text-align: center;">Cherokee Trail Student's Parent/Guardian</p> <p>I am aware that my son/daughter is bringing a guest to this CTHS event. I have read the rules on this form, and I understand that my son/daughter is responsible for the behavior of the guest.</p> <p>_____ Parent/Guardian Name (Print Clearly)</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Parent/Guardian Phone Number</p>	<p style="text-align: right;">_____/_____/_____ Guest Birth Date</p> <p>_____ Guest Name (Print Clearly)</p> <p>_____ Guest School Name</p> <p style="text-align: right;">_____ Guest School ID Number</p> <p style="text-align: center;">Student Guest</p> <p>I have read the rules regarding my attendance at this CTHS event. My initials above indicate that I understand that as a guest I must abide by the same rules and standards that all CTHS students follow. I know that making false statements on this form may be cause for CTHS administration to refuse my admittance to the event.</p> <p>_____ Guest Signature</p> <p style="text-align: center;">Guest's School Administration</p> <p>I affirm that the information on this form regarding the student guest is correct and that this student is in good standing at this school. I recommend that this student be allowed to attend this CTHS event.</p> <p>_____ Guest School Administrator/Dean Name (Print Clearly)</p> <p>_____ Guest School Admin/Dean Signature</p> <p style="text-align: right;">_____ Phone Number</p> <p style="text-align: center;">Guest's Parent/Guardian</p> <p>I am aware that my son/daughter is attending this CTHS event as a guest. I understand that he/she must adhere to all CTHS and CCSD rules and standards.</p> <p>_____ Guest Parent/Guardian Name (Print Clearly)</p> <p>_____ Guest Parent/Guardian Signature</p> <p style="text-align: right;">_____ Guest Parent/Guardian Phone Number</p>	
Complete this section if guest has graduated or no longer attends high school (guest must be under 21 – no middle school students)		
<p>_____ Guest Name (Print Clearly)</p> <p>_____ Guest College or Place of Employment</p> <p>_____ Guest Signature</p>	<p>_____ Guest Driver's License/State ID Number and State</p> <p>_____ Guest Emergency Contact Name (Printed)</p> <p>_____ Guest Parent/Guardian Signature</p>	<p>_____/_____/_____ Guest Birth Date</p> <p>_____ Emergency Contact Relationship (Printed)</p> <p>_____ Emergency Contact Number</p>

OVER FOR REQUIRED WAIVER

**CELEBRATION OF WISHES INCLUDES INFLATABLES
PLEASE SIGN WAIVER FOR YOUR STUDENT TO PARTICIPATE**

CHERRY CREEK SCHOOL DISTRICT CHEROKEE TRAIL HIGH SCHOOL

**2018-2019 PERMISSION TO PARTICIPATE/
RELEASE, ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF
PERSONAL RESPONSIBILITY AND INDEMNITY**

I/We, the undersigned Parents/Guardians of _____ (herein Child), hereby give our consent and permission for our child to participate in and attend the **ACTIVITIES DESIGNATED BELOW** which shall occur during the 2018-19 school year.

I/we understand that during my child's participation in the **ACTIVITIES DESIGNATED BELOW**; he/she may be exposed to risk or possible injury. I/we understand that I/we assume the risk for any injuries or damages resulting from my child's participation in this activity.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the activity, and agree to advise my child to comply with the instructions and directions of the School District, agents, volunteers and/or employees as participants in this activity.

I/we, in return for my child's opportunity to participate in the **ACTIVITIES DESIGNATED BELOW** do hereby exempt and release Cherry Creek School District, its directors, officers, employees, volunteers and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the activity, whether or not such damage, loss or injury results from the acts or omissions of Cherry Creek School District, its directors, officers, employees, volunteers or agents. I/we understand that if I/we do not sign this Release, then my child will not be permitted to participate in the **ACTIVITIES DESIGNATED BELOW**. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s) guardian(s) of the Participant.

I/we further acknowledge that no representations or promises by Cherry Creek School District representatives have been made to induce me to sign this Release. I/we further agree to indemnify, hold harmless and defend Cherry Creek School District, from any claim, cause of action or demand, of any sort or nature, which may at any time be filed or asserted by the Participants participation in the **ACTIVITIES DESIGNATED BELOW** which indemnification shall include any costs and attorneys' fees that may be incurred as a result of any claims, causes of action or demands. This release is valid and effective whether the damage, loss or injury is a result of any act or omission on the part of Cherry Creek School District or its agents, volunteers, or employees. I understand that I voluntarily give up my right to sue the above-mentioned parties.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST CHERRY CREEK SCHOOL DISTRICT. IF ANY ATTEMPT FOR CLAIM IS MADE, I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL DEFENSE COSTS INCURRED.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS.

Print Name of Child/Participant

Grade in School 9 10 11 12

Signature of Parent/Legal Guardian

Date

THIS WAIVER APPLIES TO (if nothing is marked, waiver applies to all activities listed) – dates subject to change):

- Celebration of Wishes, February 8th, 7:00 pm (inflatables, etc)
- After Prom (inflatables, henna tattoos, etc. - April 27th/28th 11:30 pm – 3:30 am)