PTSA USE ONLY

Paid Cash or Check #

Amount Paid $

Received By

Date Received

SENIOR FORM

SENIOR FORM

Name of Senior \_\_\_\_\_\_\_\_\_ Date of Birth

(Please print) Last Name, First Name

**Steinbrenner High School PTSA**

Splash Bash

Adventure Island

May 15, 2020 • 7:00 pm – 11:00 pm

Seniors – $70 ($50 if deposit paid)

Splash Bash Rules, Parent Contact, Permission and Release Form

RULES

In order to provide a safe non-alcoholic, drug-free graduation celebration, the Steinbrenner PTSA requires each attendee to abide by the following rules:

• Photo IDs are required of all seniors at Adventure Island check-in.

• External food and drinks are NOT permitted.

• Admission tickets are not transferrable.

• All seniors must have permission and release forms completed and signed by a parent or

 legal guardian in order to purchase a ticket.

• Admission to Adventure Island is between 7:00 pm and 8:00 pm on May 15, 2020. NO ONE

 WILL BE ADMITTED AFTER 8:00 PM.

• Departure from Adventure Island will begin at 10:00 pm and conclude at 11:00 pm. No one will be

 permitted to leave the park prior to 10:00 pm without a parent being notified and permission given from

 that parent.

• Appropriate bathing suit attire is required. No thongs or t-backs allowed Appropriate swim trunks for boys.

• All attendees will follow the rules established by the Steinbrenner PTSA and volunteers, and Adventure

 Island personnel and security.

• Any disruptive behavior or inappropriate behavior will result in parents being notified and possible

 removal from Adventure Island premises.

• Any senior suspected of being under the influence or in possession of drugs, vaping and/or alcohol will be subject to disciplinary action and/or arrest. All bags are subject to search.

• Steinbrenner PTSA and/or SHS Administrators may deny entrance to Adventure Island due to academic or conduct issues, or non-compliance of any of the above rules.

• NO REFUNDS.

LIABILITY RELEASE

As parent or guardian of

I have read and agree with the rules for Splash Bash 2020 and understand and encourage my son/daughter to abide by these rules. I believe the Steinbrenner High School’s PTSA and their representatives will do all in their power to assure the safety and well-being of my son/daughter, however realizing the age of my son/daughter, and further recognizing the scope of the area and activities characteristic of Adventure Island, I do hereby release the Steinbrenner High School PTSA, Steinbrenner High School, and all of their representatives, of any claims of negligence, injury, or indemnity occurring during this event. I grant my full permission for my son/daughter to attend this event and understand this is a full evening event and my son/daughter will not be allowed to leave the theme park before 10:00 pm on the night of the event, May 15, 2020.

I understand the PTSA will attempt to notify me in the event my son/daughter wants to leave early or is not complying with school or Adventure Island regulations. I further acknowledge that Steinbrenner High School PTSA and their representatives are no longer responsible for my son/daughter once they depart from Adventure Island.

EMERGENCY TREATMENT PROCEDURES

In the event of an injury to my son/daughter, I understand every attempt will be made to notify me of the injury and realize the information below is crucial to that notification. However, if notification is not successful at the phone number(s) listed below, I grant my full permission to the Steinbrenner High School PTSA, Steinbrenner High School administration/staff, their representatives, and/or Adventure Island security personnel to make decisions for the emergency care of my son/daughter with transport by ambulance to Florida Hospital Tampa at my expense if necessary.

The following phone number(s) will be my EXACT LOCATION on the night of the event, May 15, 2020, from 7:00 pm until 11:00 pm. I have provided at least two emergency contact numbers and I understand the PTSA cannot be held responsible for disconnected or out-of-service numbers used as emergency contacts.

PARENT/STUDENT SIGNATURES

Parent/Guardian (please print name)

Emergency Contact Phone Number(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

***I will abide by the rules described in this document.***

Student Signature Date