

Dance Guest Agreement



Phone #: _____

Date: _____

Event: Homecoming Dance Servite High School

Non Rosary/Servite students must fill out a dance pass to be granted entry.

Administrator Name:

Administrator Signature:

Date: October 1, 2022 Time: 7:00-10:00 PM (Must arrive by 8:00pm and stay till 9:30pm)

BY ENTERING THIS VENUE, YOU AGREE THAT YOU ARE SYMPTO COVID.	M FREE AND HAVE NOT BEEN EXPOSED TO
Guest's Name:	
Guest's School: Guests must submit a copy of their current, valid high school ID or if out purchasing a ticket. Any guest not currently in high school must be appropriately in high school must be	
CODE OF CONDUCT I agree to abide by all of the school rules, regulations, and dress co by my host student. I understand that I may not be in possession of any other controlled substance at any and all school sponsored ever bags may be searched by Rosary, Servite or event venue staff. Furt result in removal from this event and will have consequences as a result in removal from the school sponsored every service or event venue staff.	f and/or under the influence of alcohol and or ents. I understand that vehicles, purses and/or hermore, I understand violating the rules will
Guests are to be notified of Dress Code by their hosts. Students who fail to admitted to the dance, and parents will be called. There will be a coat check for parents Student school ID.	
Student Signature	
FORMAL DRESS CODE	
Gentlemen-Tuxes, Suits, Ties, Jackets, Dress Shirts, Dress Pants, Dress Shoes	s (no headwear)
Ladies- Dresses must be no shorter than the top of the knee and according transparent fabrics that reveal sides, stomach, high thigh, or low back. No under dresses are allowed. No low cut dresses. No bare midriff. No crop top style. All n dresses. No bare feet. All students should dress modestly and appropriately.	garments of any kind may show at any point. Strapless
PARENT PERMISSION I understand that my child must be picked up within 15 minutes after the event child that the patrons are underage and may not consume or be served alcohol or is a guest at this event and is under the jurisdiction of the school hosts. I under result in his/her removal from this event. I the undersigned, give my permission for my child to participate in the aforement Should it be necessary for my child to have medical and/or dental treatment while the adult(s) in charge to use best judgment in obtaining medical services. I give treatment deemed necessary and appropriate by the physician. I agree to release, indemnify, defend and hold harmless Rosary Academy or Setheir respective employees, directors, officers, agents and the representatives fractivity, including but not limited to any lawsuits, claims, or causes of action broamages of any kind, whether relating to personal injury, damage to property, relating to personal injury, damage to property personal injury, damage to property	r any other controlled substance. I understand that child stand that failure to follow the stipulated regulations will tioned activity. The participating in this activity, I hereby give permission to permission to the physician selected to render medical ervite High School, the Diocese of Orange, and each of from any and all liability arising from participation in this rought by you or any third party alleging any injuries or
Parent Signature:	Phone #:
Emergency Contact	Phone #:
SCHOOL ADMINISTRATOR APPROVAL PLEASE ATTACH YOUR BUSINESS CARD OR STAMP THIS D We are pleased to inform you that infractions of school rules, education code, penal code, or known gan Schools that this student's conduct will be respectful to his/herself, all cha	is in good standing, free of any major disciplinary g affiliation. We can assure Rosary/Servite High