



# SPRING DANCE

**WHEN: FRIDAY, May 8, 2009**  
**TIME: 6:00 PM TO 9:00 PM**  
**WHERE: CJCP CAFETERIA**  
**WHO CAN COME: ALL CJCP STUDENTS**  
**ADMISSION: \$5.00**

- The attached Permission Slip is required. Students will not be permitted into the dance without a signed Permission Slip.
- Dress Code: PROPER Casual Dress. Parents/Guardians, please note that students will not be permitted into the dance if dressed provocatively-no exceptions!
- Students must be signed in by their parent/guardian when they arrive, and signed out when they are picked up.
- This Dance is open to CJCP Students only.



**Central Jersey**  
COLLEGE PREP CHARTER SCHOOL  
PTSO

***CJCP SPRING Dance***  
(Hereinafter referred to as "DANCE")

RELEASE AND AGREEMENT OF LIABILITY ACKNOWLEDGEMENT OF RISK  
THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ AND UNDERSTAND IT  
BEFORE INITIALING OR SIGNING IT.

I, the undersigned (student and parent or guardian), agree with the following regarding the "DANCE":

**DATE:** FRIDAY, MAY 8, 2009 **START TIME:** 6:30 PM

**WHERE:** CJCPCS CAFETERIA, SOMERSET, NJ **END TIME:** 9:30 PM

**TRANSPORTATION:** PARENTS/GUARDIANS WILL DROP OFF AND PICK UP STUDENT

**IMPORTANT NOTICE:**

**ALL STUDENTS MUST BE SIGNED FOR BY A PARENT OR GUARDIAN BOTH AT DROP OFF AND PICK-UP. STUDENTS MUST BE PICKED UP NO LATER THAN 9:45 PM.**

**Supervisor(s):** MR. S. PATTERSON  
Interim President, PTSO

**COST PER PERSON \$5.00**

I agree to release and hold harmless Central Jersey College Prep PTSO, its agents, officers, employees and volunteers (hereinafter referred to as "CJCP P.T.S.O") and the supervisors/teachers/drivers/team leaders/chaperones (hereinafter referred to as "the Chaperones"), of this "DANCE" from, any and all liability, claims, suits, demands, judgments, costs, interest and/or expenses (including attorneys' fees and costs) arising from any "DANCE" related activities, or in connection with any physical or property damage that I may suffer from any cause whatsoever, other than actual negligence of such people. Without limiting the generality of the foregoing, I also release such people from any physical and property damage that I may suffer from acts of God.

1. CJCP P.T.S.O reserves the right to refuse and cancel any registration and "DANCE" in its sole discretion.
2. I agree to abide by the directions of the Chaperones and other adults in authority during the "DANCE".
3. I will not purposefully separate myself from the group without specific permission. I understand and acknowledge that by initialing or signing this document, I agree to indemnify CJCP P.T.S.O and Chaperones against and hold them harmless from any and all claims, liabilities, obligations, losses, damages and/or deficiencies asserted by spectators or other third parties against me, resulting from or arising out of my participation in this field trip including any and all costs and expenses (including reasonable legal and accounting fees) related to the foregoing.
4. CJCP P.T.S.O and the Chaperones shall hold no responsibility for me when I am absent from their supervision.
5. I will not possess any illegal substances, including but not limited to alcoholic beverages and all tobacco products, throughout this field "DANCE". Otherwise, I accept full responsibility for the actions taken.
6. I will hold financial responsibility for any valuable items that I bring to this "DANCE".
7. With my acceptance of risk and responsibility, I agree and promise to accept and assume total responsibility and risk for injury, death, illness or disease, or damage to myself, to my property, to spectators, or other third parties and/or their property arising from my participation in this "DANCE".
8. My involvement in this "DANCE" is purely voluntary; no one is forcing me to participate, and I elect to participate having been made aware of the dangers and the risks.

I have completely read the front and back of this RELEASE AND AGREEMENT OF LIABILITY AND ACKNOWLEDGEMENT OF RISK, and agree to be bound to it hereby and to comply herewith.

Student's Name (Please Print): \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please provide the following information in the event of an emergency (this information will be kept confidential and will only be shared with health care professionals in the case of an emergency):

First Contact Person (name) \_\_\_\_\_ (phone number) \_\_\_\_\_

Second Contact Person (name) \_\_\_\_\_ (phone number) \_\_\_\_\_

Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**MEDICATION RELEASE**

**If it is essential that a student receive a medication during this "DANCE" and the nurse or parent/guardian is not present, the child may self-administer the medication to him/herself, providing the physician and the parent certify that he/she is capable of self administration.**

\_\_\_\_\_ is to be given \_\_\_\_\_  
Name of student Name of Medication

At \_\_\_\_\_ am pm Dosage \_\_\_\_\_  
Time

Diagnosis or Reason for Medication \_\_\_\_\_

Contraindications/side effects for administration would be \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Be advised also, that the child's teacher or chaperone is not responsible for assisting the child with the medication. The district shall incur no liability as a result of any injury arising from the self-administration of medication and that the parent/guardian shall indemnify and hold harmless the district and its employees or agents against any claims arising out of self administration of this medication.

This permission is effective only for this "DANCE" event taking place on Friday, May 8, 2009, which it is granted for and must be renewed for each subsequent "DANCE".

I request that my child be permitted to self-administer the above medication as prescribed by his/her physician.

My child is not taking any medication at this time.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE