

# Grad Nite at Six Flags Magic Mountain

## PARK POLICIES

In addition to the Park Policies already in place at Six Flags Magic Mountain, the following rules and regulations apply during Grad Nite:

- Absolutely **NO** Alcohol, Drugs, or Weapons of any kind are permitted.
- Six Flags is a **SMOKE-FREE** Park and will not tolerate smoking in the park on Grad Nite.
- No student will be permitted to arrive late or leave Grad Nite prior to park closing.
- No outside food, drink, coolers, or other food containers are permitted.
- ALL students are required to adhere to the Dress Code provided or entrance to Grad Nite will not be permitted.

## DRESS CODE

ALL CUSD Dress Code rules are in effect. In some cases, the Grad Nite dress code enforced by the theme park will be stricter than the CUSD dress code, so please read the following carefully. Anyone not adhering to the event dress code will not be allowed to board the bus.

## SIX FLAGS PARK DRESS CODE

In keeping with our family-friendly environment, and for safety reasons, Six Flags enforces a dress code. Proper attire must be worn in the park at all times, including shirts and appropriate footwear. Clothing or tattoos with offensive language or graphics are not permitted at any time.

## ALLOWABLE ATTIRE

- Dresses, skirts, capris or shorts, no shorter than 5" above the kneecap
- Casual pants (including khakis and jeans), as long as they are secured at the waist and free from fraying or holes. Leggings are permitted but cannot be see-through or have mesh or rouching above the knee.
- Casual blouses, tops and shirts *with sleeves* (golf/polo, dress and T-shirts with sleeves); sport jackets
- Comfortable shoes (including tennis shoes, dress sandals, boots)
- Branded Logos (ex. Nike, American Eagle, Polo, etc.) the size of your fist or smaller
- Purses/bags no larger than 8.5" X 11" (size of a sheet of paper)

## UNACCEPTABLE ATTIRE

- Clothing affiliated with any high school, sports team, group, club etc.
- Clothing or accessories with area codes
- Visible undergarments
- Belts, wallet chains, or jewelry of any kind containing spikes
- Flip flops, hard-toed or steel-toed shoes/boots; no high top, laced up, combat, or military style boots
- Extremely revealing clothing including bathing suit tops or bottoms
- Sheer clothing or see-through clothing of any kind
- Bare midriffs and bare sides should not show **even when arms are extended above head**
- Tank tops or undershirts of any kind (including plain-colored undershirts)
- Clothing or tattoos with language or graphics that are obscene, offensive or suggestive of sexual, vulgar, drug, alcohol, or tobacco-related messaging
- No matching or like attire amongst students including team shirts of any kind, high school, college, or professional
- No team jerseys of any kind, high school, college, or professional
- Hats and other head attire
- Basketball Shorts
- No tube tops, tube top dresses, one shoulder shirts or any off the shoulder dresses or backless clothing of any kind.

## PROHIBITED ITEMS

- Weapons, knives, laser pointers, and chemical irritants of any kind
- Over-the-counter medications; electronic cigarettes, tobacco or tobacco related products such as lighters, matches, pipes, etc.; and alcohol or any controlled substance.
- Any containers with fluids of any kind; this includes water, drinks, perfumes, etc.
- Aerosol cans/bottles of any type

## Remember:

- Temperatures drop overnight – it is recommended to avoid wearing shorts, skirts, or dresses and to dress in layers.



PARTICIPATION IN VOLUNTARY FIELD TRIP
FORM 3204-1

CONSENT, ASSUMPTION OF RISK AND EMERGENCY MEDICAL AUTHORIZATION

(This form must be completed for participation in all field trips conducted by the CUSD)

The following voluntary field trip has been authorized by (school): \_\_\_\_\_

Overnight Trip: [ ] Yes [ ] No Out-of-State Trip: [ ] Yes [X] No

Specific Location: \_\_\_\_\_

Description of Field Trip: \_\_\_\_\_

Day(s)/Date(s): \_\_\_\_\_ Departure: \_\_\_\_\_ AM/PM Return: \_\_\_\_\_ AM/PM

School Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_

LUNCH

- [ ] Student will be at school during lunch
[ ] Participant should bring sack lunch/drink\*
[ ] Other \_\_\_\_\_

METHOD OF TRANSPORTATION

- [ ] Walking [ ] Private Vehicle
[ ] School Bus [ ] Charter Bus
[ ] Airplane (commercial) [ ] Other \_\_\_\_\_

\*See Authorization section

\*\*Parent/Guardian Permission for Transporting Student in Private Vehicle is included.

A field trip fee (covering direct costs) in the amount of \$\_\_\_\_\_ will be collected.

Important Information and High-Risk Activities:



AUTHORIZATION: (Please return this form to the school person in charge listed above)

Participant Name: \_\_\_\_\_

[ ] Minor Student [ ] Adult Student

I hereby authorize the above-named individual to participate in the field trip outlined above.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct.

- [ ] I acknowledge that although the field trip may not be considered a high-risk activity, participants may be exposed to the high-risk activity(ies) listed above during this trip.
[ ] Special instructions regarding emergency medical treatment for the above-named individual are on file in the school office. (Please refer to the Emergency Card located in the school office.)
[ ] \*IF APPLICABLE: I need Campus Catering to provide a sack lunch for the above-named participant. (Students will be charged according to their status in the National School Lunch Program. Other participants will be charged the full amount.)
[ ] I have read and completed the waiver on Page 2.



Approval Signature (Parent or Guardian/Adult Student/Volunteer) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



Medical Insurance Carrier (i.e., Blue Cross, Kaiser): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Printed Name of Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Phone Number \_\_\_\_\_ Other Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARTICIPATION IN VOLUNTARY FIELD TRIP**

**FORM 3204-1** (continued)

**WAIVER OF CLAIMS**

All adults and adult students taking part in a field trip and all parents/guardians of minor students taking field trips are required to sign a statement waiving such claims.

**Waiver by Parent/Guardian of Minor Student**

I certify that I am the parent/guardian of the student identified below. As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Student Name: \_\_\_\_\_

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

**Waiver by Adult Student**

As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_