

Project Prevention Graduation (PPG) event for the graduating 2017 Seniors

DMHS graduating seniors, Class of 2017, are heading to Disneyland!

PPG includes a roundtrip first-class coach bus fare, breakfast prior to our entrance to the parks, and a hopper pass for Disneyland and California Adventure.

When: Thursday, May 25, 2017 graduates report to PPG "check in" after ceremony.

Cost: \$210.00 cash or check \$220.00 if using Paypal

Registration Deadline: April 24, 2017

Note: **no refunds** given after 4/24/17

PPG's goal is to have every graduating senior attend. We are accepting additional donations to be used towards this event and scholarships. Scholarships are available on a case-by-case basis.

Registration Process:

1. **Completely** fill out Permission, Medical Health, and Health History forms (emails & signatures from **BOTH** graduate and parents are needed!)
2. Provide payment in form of cash, check, or credit card. Credit card information can be provided on the payment form or paid online via the Paypal link on the PPG page.
3. Submit all forms to the office or send in the mail to the school, attention PPG. If paying online, please include a Paypal receipt as proof of payment.
4. We will be accepting requests for buses sometime in May. Look to the senior page on DMHS website for specific details closer to graduation.

Phone charger orders can be picked up during preannounced days or during the senior graduation parent meetings in April.

**PLEASE NOTE: All forms AND payment MUST be in the office
By April 24, 2017**

Any applications received after 4/24/17 will be placed on a wait list.

Thank you for your support.

DMHS Parent or Guardian and Student Information:

Please read the following information carefully.

- 1) After Graduation on May 25, 2017, students report to PPG Check in station in main hallway. Buses will DEPART shortly after students have been "checked in". Students are not to go home between the graduation ceremony and departure for Disneyland.
- 2) Students are NOT permitted to travel to Disneyland in their own vehicles. They must travel to and from Disneyland on their assigned buses.
- 3) Buses will return on Saturday, May 27, 2017 in the early morning.
- 4) Students must abide by the behavior policies established by DMHS PPG and Disneyland's code of conduct policies. Students will be obligated to comply with the directives of Disneyland Staff and DMHS PPG Chaperones.
- 5) Disneyland Dress Code Guidelines (see page marked "Dress Code Guidelines") will be strictly enforced. Bring a JACKET, it gets cold in California once the sun goes down
- 6) Students may be subjected to a search for alcohol, drugs, and other contraband before boarding the buses, upon the entrance to Disneyland as well as on the way back home.
- 7) Any student apprehended for a violation of law will be left in custody of local authorities. Parents will be notified and will be responsible for arranging student's release and transportation.

For more information, please email: info@dmpto.org

This is NOT a school or SUSD sponsored event. The DMHS PPG, its officers, committee members, parents and any adult providing transportation, supervision or planning in connection with this event and its related activities will be held harmless from any and all liability for property damage injury accident or death to a person or property in connection with the above named student's participation in this activity.

Brief Medical History & Medical Release

Name _____ Age : _____ Sex: M F

Special Health Concerns (allergies, etc.): _____

Current Medications: _____

Dosage per day: _____

Asthma: Yes / No Medication: _____

Diabetes: Yes / No Medication: _____

Epilepsy: Yes / No Medication: _____

Should the student be restricted from any type of activity? Yes / No

If yes, please explain: _____

Are there any prescription or non-prescription drugs that should NOT be administered? Yes / No If Yes, which ones?

Allergic to medication? Yes / No If Yes, please list:

A licensed health care provider may provide my child with (circle)

Tylenol Advil Motrin None

NOTE: IF YOU ARE TAKING MEDICATION REGULARLY, PLEASE BRING A SUPPLY IN A LABELED CONTAINER.

I, the parent or legal guardian of: _____
(Print child's name)

Authorize the DMHS PPG to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital, permission to perform any medical and / or surgical procedures that are essential for the treatment of my child and agree to be responsible for the payment of such care. I release DMHS PPG from any damages liability or loss resulting from their securing in good faith, medical care for my child.

Parent/Guardian Signed: _____

Parent / Guardian Printed: _____

Senior Information and Payment form for 2017

Student's Name: _____

Student's Email Address: _____

Student's cell #: _____

Parent's Name: _____

Parent's Email: _____

Parent's Telephone #: _____

****FILL OUT BELOW ONLY IF PAYING BY CREDIT CARD**

Visa OR MasterCard ONLY

Name _____

Signature _____ Code on the card _____

Card# _____ Exp. Date _____

Item	Amount	Total
PPG Disney Trip	\$210.00	\$
Phone charger	\$20	\$
Extra donation		\$
Paypal	\$10	\$
Total Charged or Paid		\$



Please make your checks payable to: DMHS PPG

Your canceled check will be your receipt.

Drop off at the front office of the school or mail to:

DMHS/PPG 12575 E. Via Linda Scottsdale, AZ 85259

**Extra donations will be used for the event and scholarships. Any amount would be greatly appreciated. DMHS PPG is a 501c3 and extra donations may be tax deductible.

Please consult your tax accountant.

For PPG Use Only:

Date: _____ Check No. _____ Amt. _____

Medical Health Form

(PLEASE PRINT CLEARLY)

Name: _____ Age: _____ Sex: M F

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Parent(s) Name: _____

Parent daytime Phone(s): _____

Contact in an Emergency (other than a parent)

Name & Phone: _____

Relationship to Student: _____

Who is responsible for medical payments? Insurance or Individual Policy

Holder: _____

Medical Insurance Company Name: _____

Address: _____

City, State, Zip: _____

Policy Number: _____ Group Number: _____

Physician's Name: _____

Physician's Phone Number: _____

PERMISSION FORM

My Child: _____ (print student's name) has my permission to attend the senior class trip to Disneyland & California Adventure in Anaheim, CA from May 25, 2017 11:30 pm to May 27, 2017 (early morning). I HAVE received and read the information that was attached to this permission slip. **My signature below attests to my understanding and acceptance of all the positions set forth.**

Senior Class Trip Code of Conduct

Each senior going on the trip to Disneyland/California Adventure **MUST** sign this policy. Failure to sign this code of conduct will result in **NOT** being able to participate. This code of conduct will be in effect for the entirety of this trip.

All seniors are expected to represent DMHS in a positive way at ALL times. Seniors are expected to adhere to the rules and regulations as stated in the Student Handbook and refrain from any conduct which is unbecoming to Desert Mountain High School and individuals. This applies to the use of, sale of, providing of:

- >>>Intoxicating Beverages
- >>>Tobacco in any form
- >>> Drugs, controlled substances or counterfeit or look alike substances
- >>> Other unbecoming conduct, i.e. any conduct which could be in violation of any federal , state or local law or ordinances as a misdemeanor or felony, or related misconduct which discredits DMHS (example: Minor in Possession)

If a student commits a severe infraction while on the trip such as theft, possession of drugs, or alcohol, etc., the student will immediately lose the privilege of continuing to participate in the remaining activities or the trip.

**AT THIS POINT IT WILL BE THE REONSIBILITY OF
THE PARENT/LEGAL GUARDIAN TO TRANSPORT
THE STUDENT HOME ASAP AT THEIR OWN EXPENSE.**

Student Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Parent/Guardian Name Printed: _____