

# Sober Grad Night Packet



**Contents:**

**Behavior Agreement**

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**Turn in the completed packet to:**

**Kristina Perales, Assistant Principal/Athletics Secretary in the main office.**



## FOOTHILL HIGH SCHOOL GRAD PARTY – 2026 BEHAVIOR AGREEMENT

June 4, 2026 10:00 PM to June 5, 2026 6:00 AM

at Foothill High School 'Main Street' - check in/out at the Library

### GRAD NIGHT BEHAVIOR AGREEMENT

I understand and agree to the policies and provisions of my participation in the Foothill High School Grad Night Event. I agree not to carry into/onto the party premises any materials or liquids which will alter my behavior and/or will have a detrimental effect on others' enjoyment of the event. I acknowledge that if I am found under the influence of any substance, my parent/guardian will be notified and I will be picked up immediately. I also understand that once I arrive at Foothill High School Grad Night Event for check in, I may not leave early unless my parent or guardian is contacted and agrees to pick me up at the event. **Once I leave the event I may not return.** *I acknowledge I will be asked to check-in all bags, backpacks, purses etc. In addition, I understand that I will not be allowed to drive a vehicle in the morning and agree that my parents or guardian will pick me up (or arrange transportation) at the conclusion of the event at 6:00 am on June 5, 2026.*

I agree to hold harmless and indemnify the FOOTHILL GRAD NIGHT COMMITTEE, its officers, agents, representatives, or employees from all claims, lawsuits, personal injuries, damages, costs or liabilities of any kind, which may be asserted against it as a result of my conduct at, or once I have left, the event. I agree to the provisions of this contract. If I am 18 years of age by June 4, 2026, I agree to sign this contract again as an adult before entering the party.

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Graduate Name (Please Print)

Date of Birth

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Graduate Signature

Date

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Graduate Cell Phone Number

Graduate non-school email address

### **GRAD NIGHT PARENT/GUARDIAN PERMISSION AGREEMENT - MUST complete regardless of your student's age:**

I hereby give my permission for the above-named graduate/guest to participate in the Foothill High School Grad Night Event. I agree to provide contact information for the event, so I can be notified, and I agree to pick up my graduate/guest at the event if he/she wishes to leave early. I understand that he/she may not return to the party once he/she leaves. I agree to hold harmless and indemnify the GRAD NIGHT COMMITTEE, its officers, agents, representatives, or employees from any and all claims, costs, damages, or liabilities of any kind, which may be asserted against it as a result of the conduct of my graduate. (Due to the likelihood of drivers falling asleep at the wheel) **I acknowledge that I will pick up my graduate/guest (or arrange transportation) promptly at 6:00 am. Graduates/Guests will not be allowed to drive home in the morning.**

\_\_\_ **CHECK HERE if the Graduate (above) will be 18 PRIOR to June 4, 2026.**

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Parent/Guardian Name (Please Print)

Parent/Guardian Contact Phone (10 pm to 6am)

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Home Address

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Parent/Guardian Email

Parent or Guardian Alt. Phone (10 pm to 6am)

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Alt. Emergency Contact for night of event

Emergency Contact Phone (10 pm to 6am)

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Parent Guardian Signature

Date

**IF Graduate TURNED 18 since original signature (fill out at event if necessary)**

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Graduate Signature

Date



**FOOTHILL HIGH SCHOOL GRAD PARTY – 2026 ADMISSION**  
**June 4, 2026 10:00 PM to June 5, 2026 6:00 AM**

Entry tickets for Foothill Grad Night Party 2026 are \$100 value per graduate, if paid before 5/15/2026, \$120 if paid after 5/16/2026. The Shasta County Chemical People and the FHS volunteer grad night committee have provided 2 ways to subsidize the ticket cost for graduates. Please check one box below and turn in this completed Ticket Agreement Packet, along with your payment (if necessary) to the school office no later than June 4, 2026, attn: Grad Night Committee.

Graduate Name: \_\_\_\_\_

Graduates check one that applies:

- I sold at least one sponsorship certificate to \_\_\_\_\_
- I raised \$\_\_\_\_\_ in the Vertical Raise fundraiser
  - If less than \$100, my remaining amount of \$\_\_\_\_\_ is attached.
- I am purchasing my ticket for \$100 if paid before 5/15, \$120 if paid after 5/16
- I am unable to participate in fundraising, and I am unable to pay, I am requesting financial aid for my entry
  - All financial aid requests will be reviewed and a member of the 2025 Sober Grad Committee will be in contact with the outcome of the request.

Circle Payment Type:      Cash              Check      \* Make checks payable to **Foothill High School Grad**

The Ticket Agreement Packet, along with your payment (if necessary) must be turned in to the school office no later than June 1, 2026 or mail to Foothill High School Attn: Grad Night '26 at 9733 Deschutes Rd, Palo Cedro, CA 96073.

\*Please note that no refunds will be issued

For questions contact: email [sobergradFHS@gmail.com](mailto:sobergradFHS@gmail.com) or Shelby Price at 530-262-5259.

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Committee Use Only:

ID# Assigned

Certificate/Virt Rs

Ticket amount Pd

Highlight if age 18 by 6/4/2026

**PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:**

GRAD FULL NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING Graduate's HEALTH**

\_\_\_ Graduate has no known health concerns

\_\_\_ Graduate has the following health concerns: \_\_\_\_\_

Please identify below all medication your Graduate will need during the course of the event for our on-site volunteer medical staff. Graduates may not self-administer medications (including OTC). All medications, including OTC medications must be turned into the on-site volunteer medical staff, in the original container, with dose instructions.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE DESIRED ACTION IN THE EVENT OF AN ACCIDENT OR EMERGENCY:**

\_\_\_1. In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of FHS Grad Night to make such arrangements as he/she considers necessary for the Graduate to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of the Graduate and he/she considers necessary. If the said physician is unavailable at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE FOR PAYING ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Medical ID# \_\_\_\_\_

\_\_\_2. I do not choose the above statement and desire the following action be taken instead:

\_\_\_\_\_

WAIVER: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the Foothill Grad Night Committee, Shasta Union High School District, Shasta County Chemical People or the State of California for injury, accident, illness, or death occurring during or by any reason of the event or excursion (Ed Code Section 35330). I acknowledge that as a condition of my graduate's participation, I agree this waiver of all claims shall be extended to any and all claims against the Foothill Grad Night Committee, Foothill High School, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents, and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents, and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/field trip or event."

I understand that participation in this event involves a certain degree of risk. I have carefully considered the risk involved and consent for my child to participate in this event.

My signature below authorizes my child to participate in the above event:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OVER 18 GRADUATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Foothill Grad Night Packing List

## (YOU keep this page)

### What to bring to Grad Night:

- Phone/Camera to capture this unforgettable night!!!
- Portable phone charger or corded charger (there are limited outlets)
- Yearbook and pens
- If you take OTC or prescribed meds, bring them in their original container with directions. You will have to turn them into the event medical staff. (Yes, even Ibuprofen) Exception; an Epipen, you will be allowed to keep.
- Permission/Ticket Packet (but you should have turned them in already- right?!)
- Comfy clothes
- Footwear (you must have something on your feet at all times)
- Bag/backpack/large purse (you'll have to check it in, but it's good to have to gather all your belongings.)
- Lawn Chair/Blanket (optional- but you may want one)

### Suggestions from past Grads:

- Go! Don't miss Grad Night - You'll love the prizes! ~ Alli
- If you think you want to sleep, bring a blanket, pillow and earbuds. ~ Sean
- Sign each other's yearbooks, believe me, you'll want to read it in 10 years. ~Angela
- Have so much fun! This is the last time you'll see a lot of these people in person for a really long time, if ever. ~CK

### What NOT to bring to Grad Night:

- Money - you don't need it - once you're in, EVERYTHING IS FREE!
- Liquid of any kind
- Food (we'll have plenty- we promise!)
- Mind-altering substances
- Weapons

Follow us Instagram : FHS\_SoberGrad  
Facebook: Foothill High School Sober Grad



# SHASTA COUNTY CHEMICAL PEOPLE FOOTHILL HIGH SCHOOL CERTIFICATE SPONSOR FORM

## FOOTHILL HIGH 2026 SOBER GRAD

"Sober Grad" is a countrywide program put on by the California Highway Patrol and the Shasta County Chemical People. These two entities help fund all-night graduation parties for our local high school through the sale of "certificates."

You can help us through the purchase of a certificate. A certificate is a **MEMBERSHIP** in the Shasta County Sober Grad Night Committee for the Class of 2026. The purchase of each certificate is \$100. A purchase may be split among a GROUP. Even partial contributions are GREATLY appreciated. This will buy you part ownership in a certificate. Certificates will be sent out to you after cash/check is received.

**\*\*Contributions are tax deductible! Certificate/Membership holders will be entered in a drawing April 2026 for a Grand Prize of \$500 and at each participating high school a \$100 PRIZE is drawn for a Senior participating at Sober Grad all night. Each school winner is then eligible to win the GRAND PRIZE OF \$3000!!!**

Thank you for your generous support and for helping us give the **Class of 2026** a safe, sober, and fun graduation party!!!

- YES!! I will support Sober Grad by purchasing \_\_\_\_\_ certificates.
- I will help through my partial contribution of \$\_\_\_\_\_.

Make checks payable to: **SHASTA COUNTY CHEMICAL PEOPLE** Tax # 95-9249017

Name(s) of Purchaser(s) \_\_\_\_\_

FULL MAILING Address: \_\_\_\_\_

Street City State Zip

Contact Phone \_\_\_\_\_

Credit to FHS Graduate: \_\_\_\_\_

Please return form and cash/check to:

***Foothill High School Sober Grad, Attn: Beth Watt, 9733 Deschutes Rd., Palo Cedro, CA 96073***

***\*\*\*All Sales must be turned in by March 1, 2026\*\*\****

Foothill High School Sober Graduation Committee

Shasta County Chemical People

9733 Deschutes Road

Palo Cedro, CA 96073

(530) 547-1700

Tax # 95-9249017



**Donor Form for Contributed Items:**

Name of Business/Donor: \_\_\_\_\_

Contact Person \_\_\_\_\_

Donor Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Detailed Description of the donation (quantity, size, collectible, and other information necessary for a full & accurate description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fair Market Value of Donated Item: \_\_\_\_\_

Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_