



Oak Ridge Graduation Celebration Application Packet

ELIGIBILITY:

All ORHS graduates and all city residents who are graduating from high school are eligible to attend Graduation Celebration. If a student is graduating from a school other than Oak Ridge High School, this Application Packet is required for participant consideration. The Application Packet is due by May 1st of each year.

REQUIREMENTS:

1. **Proof of Residency Form** (attach a photo copy of a proof of residency)
2. **Proof of Graduation Form** (filled out by school administrator)
3. **Youth Advisory Board Permission Slip** (filled out by parent or legal guardian)
4. **Application Deadline:** May 1st of given year.

INFORMATION:

Applications must be returned to the Oak Ridge Civic Center Front Desk by 10:00pm on May 1st for consideration. If you have questions or concerns, please contact Matt Reedy at 425-3442. You can also send email inquiries to mreedy@corn.org.



Graduation Celebration Application for Participation

ITEM 1: Proof of Residency

The following form should be filled out and signed by the legal parent/guardian:

I affirm that _____
(Student's Name)

_____ is a legal resident of Oak Ridge, Tennessee.

_____ is currently living under my supervision, in my Oak Ridge home.

_____ I have attached a proof of residency (copy of Utility bill, drivers license, etc)

_____ I understand, and have signed and attached the Graduation Celebration Permission Form.

_____ I understand that the Graduation Celebration Executive Committee will review all application materials and that I will be contacted once permission to attend the event has been granted.

Signature of parent/guardian

Date

Parent/Guardian Information (Please Print)

Name: _____

Home Address: _____

Phone: _____

Email: _____

OFFICE USE ONLY:	Date Received _____	Received By _____	
	Confirmed? _____	Date Confirmed _____	



Graduation Celebration Application for Participation ITEM 2: Proof of Graduation

The following form should be filled out and signed by a school official that can confirm the following:

I affirm that _____
(Student's Name)

_____ has completed all high school graduation requirements in calendar year _____

_____ has not completed high school graduation requirements on time

Name of High School _____

Date of High School Graduation _____

Do you recommend that the Graduation Celebration Executive Committee approve this student for attendance at an all-night party for new graduates? Yes or No

If no, what concerns do you have? _____

Signature of Authorized Professional

Title

Date

Authorized Professional Contact Information: Please Print

Name: _____

Office Address: _____

Phone: _____

Fax: _____

OFFICE USE ONLY:	Date Received _____	Received By _____
	Confirmed? _____	Date Confirmed _____

YOUTH ADVISORY BOARD PERMISSION SLIP/RELEASE FORM

My son/daughter _____ has my permission to participate in the Youth Advisory Board activity described below. By granting permission for my child to participate in the Youth Advisory Board activity or program, I on behalf of my heirs, executors, assigns, and administrators, hereby release and discharge the City of Oak Ridge, Tennessee, and any and all of its employees, officers, agents, and any other persons whether compensated or providing voluntary services, utilized by or associated with the City in the organization, supervision, or conduction of the activity or program described below, both in the capacity, of and from all debts, claims, demands, actions, causes of action, commissions or omissions, and any and all liability whatsoever that may exist or hereafter arise as a result of my child's participation in the activity or program described below. He/she will abide by the Code of Conduct of the Youth Advisory Board and the special rules of any sponsor.

Name of Activity or Program: _____ Graduation Celebration _____
Sponsors: _____ City of Oak Ridge Youth Advisory Board _____
Date/Time: _____ from 10:00PM, Thursday, _____ to 6:00AM, Friday, _____

I understand that the Youth Advisory Board, the City of Oak Ridge, and any sponsor will not be responsible for the liability or insurance coverage of private or public carriers.

I understand that the Youth Advisory Board, the City of Oak Ridge, and any sponsor will not be responsible for personal injury to my son/daughter or loss or damage to his/her personal property.

I will be responsible for the damage to personal property of others or injury to other people caused by my son/daughter.

If my son/daughter behaves in a manner unsuitable for the staff or chaperons, I agree to accept a collect long distance call (if needed) and to provide transportation for him/her to return to Oak Ridge.

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____

NOTE: BOTH PARENTS, IF LIVING, MUST SIGN THIS DOCUMENT. IN THE EVENT THE PARENTS ARE DIVORCED, THE PARENT WITH LEGAL CUSTODY MUST SIGN. IF THE CHILD IS IN THE CUSTODY OF GUARDIAN(S), ALL GUARDIANS MUST SIGN.

EMERGENCY INFORMATION:

Participant's Home Address: _____

Participant's Home Phone: _____

Emergency Contact's Name: _____

Relationship to participant: _____ Contact's Phone: _____

Medical Insurance Company Name: _____

Policy Number: _____

Please list any information about medical problems staff and chaperons should be aware of (allergies, prescriptions to be taken, diabetes, etc.): In case of an emergency, the Youth Advisory Board, City of Oak Ridge, and/or sponsors have my authorization to obtain emergency medical aid for my son/daughter.

Parent/Guardian Signature

CODE OF CONDUCT OF THE YOUTH ADVISORY BOARD

The following Code of Conduct shall apply to all activities organized by the Youth Advisory Board:

1. ANY expression of physical or verbal abuse to any staff member of chaperon will result in automatic suspension from all City sponsored activities, programs, and facilities.
2. Proper identification must be presented upon request by staff member/chaperon.
3. NO loud playing of radios, tape players, etc. will be permitted. Staff or chaperons will determine volume. Abuse will result in property being confiscated.
4. NO alcoholic beverages, drugs, or gambling will be permitted.
5. NO smoking or use of tobacco products will be permitted.
6. NO public displays of affection will be permitted.

Any violation of the Code of Conduct or directives by staff members or chaperons may result in suspension from Youth Advisory Board activities or programs as well as suspension from City recreation facilities and/or activities. Once suspended, you lose the privileges of using the recreation facilities at the Civic Center, Municipal Pool, Scarboro Community Center, parks, etc. (including league play at all locations) for the duration of the suspension.

If a child is scheduled to be present for this activity and does not show up, the City may contact the parent(s) to inform him/her that their child did not arrive for this activity. In no event, however, is the City responsible for notifying a parent regarding whether or not their child has arrived for an activity, as it is the parent's responsibility to know the whereabouts of their child.

I have read the attached rules/policies for the Graduation Celebration event, as well as the Youth Advisory Board Code of Conduct listed above and fully understand them. If my child chooses to leave this activity before 6AM, I understand that I will be notified by phone to give verbal, permission for my child to leave.

Participant's Signature

Parent's Signature

Date

Date

Please return to: Oak Ridge Civic Center Front Desk or to ORHS Student Affairs Office
Call 425-3450 if you have questions or concerns