

**Senior Palooza** is SATURDAY, May 15<sup>th</sup>, 2021 at Cypress Bay High School

18600 Vista Park Blvd. Weston, FL

**5:00PM to 9:00PM**

**Senior Palooza details: [www.cypressbayseniors.com](http://www.cypressbayseniors.com)**

**You must complete this form (all pages) to purchase 1 ticket.**

***Your Senior Palooza form and Covid waiver are due upon purchase of your ticket.***

## **TICKETS ARE \$60**

Ticket sales will be held on campus and  
online via Online School Payments (OSP)

### **IF PURCHASING ONLINE:**

**Please submit your forms on the senior canvas page under the assignment labeled "Senior Palooza Forms"**

Tuesday, April 6th 3:00pm-4:30pm (STUDENT PARKING LOT)

Wednesday, April 7th, 3:00pm-4:30pm (STUDENT PARKING LOT)

Thursday, April 8th, 9:45am-12:45pm (COURTYARD; Senior Day at the Bay)

Online ticket sales will be April 12-16th via Online School Payments

Other ticket sale dates, if needed, will be announced on [cypressbayseniors.com](http://cypressbayseniors.com) and [cypressbayhigh.com](http://cypressbayhigh.com)

**Senior Palooza tickets are non-refundable and nontransferable.  
If you choose to buy a ticket, there are no refunds for any reason.**

Cypress Bay staff members will chaperone this event. This event is school-sponsored. All SBBC and Cypress Bay policies are enforced for seniors.

#### **PROCESS:**

Class of 2021 members can purchase **UP TO 1** ticket with their form.  
Underclassmen may NOT purchase tickets.

**Tickets are sold to Class of 2021 members only! This year we are NOT allowing guests.**

Your ticket sale will only be processed if, and only if, this form and the Covid waiver is **complete and uploaded to the canvas page (if ticket purchased online)**, and you have the exact amount in cash or money order. If you have one or neither, your ticket sale will NOT be processed.

**SPECIAL CONSIDERATIONS:** Due to the unique nature of this school year in conjunction with Covid-19, Cypress Bay and BCPS will be closely adhering to social distancing guidelines at this event. As such, students and chaperones will adhere to wearing masks at all times during the event (unless they are drinking or eating in designated areas) and upon entry to the event, all entrants will undergo a brief health screening, as well as a temperature check. If the temperature of the guest is over 100.4F (after sitting in a cool room for 3-5 min), the entrant will be asked to leave. Additionally, this year we are not allowing the use of "party buses" or limousines for students to come to the event in--students may drive themselves in vehicles that do not to exceed 8 seats. We will turn student groups away who come to the event in party buses or limos.

#### **Notice to Senior and Parent/Guardian(s):**

We have read the information above. By signing below, we understand if we purchase a ticket, it is non-refundable and non-transferable. In addition, we understand the rules and policies for attending the Class of 2021 Senior Palooza for Cypress Bay Seniors.

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Print Student Name

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Student Signature

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Parent/Guardian Signature

MUST BE LEGIBLE Step 1

Type Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Student Number: 06 \_\_\_\_\_

**CBHS Student Emergency Contact Information:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_

Step 2

**Emergency Medical Authorization:** Should a medical emergency arise while my son/daughter is at this school sponsored event, I request to be notified in order to approve medical treatment. In the event that the contacts listed above cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician or medical personnel. If applicable, please describe any medical condition that may occur and require treatment: \_\_\_\_\_

Is your son/daughter allergic to any medications? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please explain: \_\_\_\_\_  
Is your son/daughter taking any medications? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please explain: \_\_\_\_\_

*Insurance information:*  
\_\_\_\_\_  
Name of Insurance Company Policy Number Group Number

Step 3

**Participation Standards:**  
We, the undersigned, acknowledge and/or agree to the Emergency Medical Authorization above, and the following standards. Seniors will be allowed to purchase up to 1 ticket during campus sales. Purchases are CASH or MONEY ORDER ONLY with exact change. See [www.cypressbayseniors.com](http://www.cypressbayseniors.com) for details. All students attending this school-sponsored event must adhere to the SBBC Code of Conduct policy and CDC+BCPS guidelines regarding protocols for Covid-19. Additionally, alcohol, narcotics, drug paraphernalia, tobacco, and weapons, in any form, are not permitted. Any student or guest displaying signs of intoxication will be denied entry to the event. Students or guests will be dismissed from the event for showing signs of intoxication and/or for causing a disturbance and/or disrobing or dancing on unapproved surfaces.  
**All students must arrive by 6:00 PM** or they will be denied entry. Please plan accordingly.  
Cypress Bay students are responsible for their actions. We are also aware that breaking any standard and/or falsifying information and/or forgery of any type, on this form or to any school or event personnel, will lead to disciplinary action, ejection from prom, loss of graduation ceremony privileges, and/or arrest by the police. **PARENT/GUARDIAN MUST SIGN FORMS WHERE REQUESTED**

\_\_\_\_\_  
Signature of Senior Class Member 2021

\_\_\_\_\_  
Signature of Parent/Guardian of Senior Class Member



Cypress Bay High School  
Kassandra Fried, Principal  
18600 Vista Park Blvd  
754-323-0443  
<https://www.browardschools.com/cypressbay>

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Broward County, Florida

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### **Assumption of Risk, Waiver, Release & Hold Harmless**

#### **COVID-19 and Voluntary Extracurricular Activities Summer 2020 and School Year 2020-21**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Broward County, Florida and the Broward County Public Schools (collectively, "BCPS "). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

BCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year, herein after the "Activity". For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the Activity, Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent

physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.

- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) are to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BCPS staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Broward County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

**By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)'s participation in the Activity including any claim based on the negligent acts or omissions of School District employees and agents.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Student

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

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