

Extracurricular Event Agreement

Name of Event Senior Ball	Date of Event June 04, 2021	Location of Event M	Iarriott Syracuse Hotel
Circle Preferred Option: Event #1	Time5:00 PM - 8:00 PM	Event #2Time _	9:00 PM-12:00 PM
Student Name		Grade	Homeroom
all New York State mandated COVI	D-19 restrictions (see below) (3) con inappropriate activity including inap	nply with all directions	District rules and regulations, including given by chaperones and of alcohol or drugs, fighting/arguing,
with someone who has tested positive Comply with COVID screening at Provide one of the following the waresult (sample taken within 48 hour Vaccinations will be recognized as Practice social distancing and stay). Wear a well-fitting mask, that fits Wash hands and/or use the hand say. Observe and comply with the rules of the certify that I understand the rules are understand that there will be no refurthere will be no self-service buffets a Student Signature Parent Commitment: I,	ive for COVID-19, are waiting for to live for COVID-19. the event entrance including a tempore where the event: 1. Proof of fully received prior to the event: 1. Proof of fully received prior to event); 3. Proof of fully received prior to event); 4. Proof of fully received prior to ev	erature check and a que all vaccination; 2. Proof ecovered, lab confirmed elapsed since the final slople who don't live with, at all times unless see the (ie. limited # in restroments to promote a safe e above rules and restricted elapsed by staff.	of negative diagnostic test d case of COVID-19. hot. th you. eated to eat dinner. coms at one time). e and unique senior ball. I also ctions. It is further understood that either, understand that my son/daughterild's attendance at this event by mission to contact the people listed
pelow in the event that I am not avair release my child to any of these indiv Parent/Guardian Name(s)	viduals.		rthermore, you have my permission t
			e 2
Other Contact Persons	Phone 1		Phone 2
			y request for a refund of the admissio less of whether or not he/she attends.



SENIOR BALL 2021

JUNE 4, 2021

COVID-19 ATTENDEE VERIFICATION FORM

Student Name			Grade
street Address			
City, State, Zip			
hone Number	Er	mail Address	
This form must be subm	nitted to the ticke	et seller in order to p	**************************************
	-	e of the following to the	
Proof of vaccination - Date(s)	of shot(s)	_and	
Proof of negative diagnostic te	st result from a PCR or N	NAAT Test within 72 hours of	the event:
Health Care Provider/Lab			Date
Proof of fully recovered, lab co	nfirmed case of COVID-:	19	
Health Care Provider/Lab			Date
I will need to be tested at Live	rpool High School on the	e day of the ball.	
	Revi	iewed and Approved by:	
			Nurse Initials

The above criteria must be met in order to be admitted to the Senior Ball on June 4, 2021.

Make sure to visit the school nurse to provide your proof of vaccination or infection, within one week of the Ball.