2020 SENIOR ALL NIGHT PARTY
May 26, 2020

~All members of the Class of 2020 are invited to attend!  
~Cost is $65.00 per ticket.  
~Supervised transportation has been arranged to our location.  
~Students report to the High School @ 9:30 PM following graduation and arrive back at the High School around 5:00 AM the following morning.

To purchase a ticket - Complete this registration form and waiver on the back.

Student Name ___________________________________________

Parent/Guardian Name ___________________________ and Phone ___________________

Payment $65.00 BUT DISCOUNT OF $5.00 if PAID BEFORE OCTOBER 19.

Payment - Cash _______
Venmo (seniorallnightparty) _______
Paypal (seniorallnightpartyhhs@gmail.com) _______
Credit Card at the table at events. _______

Would you like to sponsor a student? You may donate to a ticket _______

You may drop off this registration form to Ms. Rose in the counseling office or at events where the committee is present.

Scholarships are available if this is difficult for you. Please see Mrs. Hemmeke in the counseling office to apply for a scholarship to attend this event!

Looking forward to a fun night for all - Your Senior All Night Planning Committee
Senior All Night Party Medical Staff

Consent to Treat Minor

This form is to be used to allow an adult other than a parent to serve as a proxy decision maker for routine medical services at the Senior All Night Party.

Authorization: I hereby appoint the Senior All Night Party Medical Staff to consent to and authorize routine health care services for my child listed below. I understand routine medical care, treatment and services may include but are not limited to: medical evaluation, physical exam, procedural treatment including suturing if needed and treatment of minor injuries.

I hereby empower and grant the decision maker appointed above, permission to consent and authorize routine medical care as deemed necessary or advisable in the diagnosis and treatment of the minor child listed below and to receive protected health information directly relevant to, or for purposes of, his or her involvement in this care.

__________________________________________________________________________

Child’s name and date of birth

Parental contact information:

__________________________________________________________________________

Parent’s Name						Parent’s name

__________________________________________________________________________

Phone number						Phone number
School Program Waiver

Consent and Release Form

Parents/Guardians/Students:

Please complete and sign this form. Your student needs to bring this completed release form to be able to participate in recreation at the graduation party venue held on: _____________.

Note: All participants are required to have an emergency contact number on this release.

Please print:

STUDENT NAME: __________________________ Age: ______
PARENT/GUARDIAN NAME: __________________________ PHONE (___) ___-___
ADDRESS: __________________________
EMERGENCY CONTACT: Name, Relationship and Telephone # (where you can be contacted during the evening of the date above)

Name __________________________ Relationship ____________ Telephone ____________

Please list any health considerations or pre-existing injuries/conditions of the student that you are aware of. List any medications that the student will have with him/her that evening.

Health Concerns: __________________________________________________________

Meds: __________________________________________________________

The Student and Parent/Guardian agree that the student shall comply with all the rules, posted safety signs, and verbal instructions as conditions for participation in any party and/or program at the party site; and understand the activities at the party site have inherent risks and may result in serious injury, paralysis or death. The student and parent/guardian further understand that the activities will be shared with others over whom the school, parent committee, and party site have no control.

The Student and Parent/Guardian, on their own behalf and on behalf of their respective heirs, assigns, administrators, personal representatives, and next of kin, knowingly and freely accept and assume all risks of participating in the party, whether known and unknown, even if arising from negligence from other participants or employees, and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS ________________ School District; the parent committee and their members, principals, officers, owners, agents, employees, equipment manufacturers, sponsoring agencies, and other participants with respect to any and all claims; liabilities or damages, including personal injury or death, to the fullest extent of the law. In addition, the Student and Parent/Guardian fully agree to pay for all medical costs, attorney's fees, and all other damages from injury or death to the Student or property damage caused by the Student. The Student and Parent/Guardian each have carefully read this agreement and release of liability and fully understand its contents and agree to the terms and conditions it contains.

By signing here; I am committing to the rules of the ________________ Overnight Graduation Lock In plan. School

Parent or Guardian Signature: __________________________ Telephone # ____________

Student Signature (PLEASE PRINT) __________________________ Telephone # ____________