



REGISTRATION SQUALICUM HIGH SCHOOL CLASS OF 2017 SENIOR ALL-NIGHT PARTY

Complete both sides of registration and include with payment

Student Full Name: _____ Birth date: _____

Driver's License # (Necessary for certain venues) _____ Student ID # _____

Student's Address: _____ City, State, Zip: _____

Home or Cell Phone: _____ Student's E-Mail: _____

Parent(s) Name(s): _____

Parent(s) E-Mail: _____

Parent (s) Cell #1: _____ Parent (s) Cell #2: _____

STUDENT'S MEDICAL EMERGENCY CONTACT INFORMATION:

Medications currently prescribed: _____

Chronic Illnesses/Allergies: _____

Emergency Contact Name (*other than parent/guardian above*): _____

Parent/ Guardian will be notified first in an emergency situation, unless otherwise specified.

Emergency Contact Phone: _____ Relationship to Graduate: _____

Physician/ Clinic Name: _____

Phone: _____ Address or Hospital: _____

Insurance: _____ Group/ID: _____

PAYMENT INFORMATION:

_____ Tickets @ \$125 each: \$ _____

\$125 ticket price limited to first 125 students signed up. After 125 students, ticket price increases to \$175/each.

Specify payment plan if not paying in full _____

Donation to *SQHS Class of 2017*: \$ _____

TOTAL: \$ _____

You may purchase additional tickets to donate to our scholarship pool for those who would like to attend but cannot afford the ticket price.

of Tickets I am donating to the Scholarships _____

Cash Check # _____ (Please make checks payable to SQHS PTSA. Class of 2017 can be noted in the memo line)

For registration information, call or text Marci Alvord @ 360-325-6458
Registrations can be mailed to Senior Party Registration, c/o Marci Alvord,
3624 Westridge Pl, Bellingham, WA 98226
Or left in the SQHS PTSA Lock Box outside the ASB office or at the SQHS Main Office

Permission to Attend/Medical Release/Hold Harmless Agreement
SQUALICUM HIGH SCHOOL CLASS OF 2017
SENIOR ALL-NIGHT PARTY

Your senior has asked to attend our drug and alcohol free, all-night party following the graduation ceremony. The event is designed to provide a fun and memorable experience that celebrates the culmination of the seniors' hard work and scholastic success. The Parent Planning Committee, the parents responsible for planning this event, is committed to keeping it safe, drug and alcohol free, and will take all reasonable steps to ensure that the conduct of all seniors is in keeping with this goal. All seniors and their personal belongings will be searched prior to their gaining entry to this event.

The graduate (if over 18 years of age) and/or their parent or legal guardian assume all risks associated with the attendance and participation at the graduation party and agree to hold each member of the Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all liability claims of any nature which may arise in connection with the event. Furthermore, the graduation party is not a school sponsored event and Squalicum High School assumes no legal liability associated with the event.

Any graduate who engages in prohibited behavior including possessing or being under the influence of tobacco, drugs or alcohol, or engages in other undesirable conduct will be, at the sole discretion of the Parent Planning Committee, removed from the event. If this should occur, the parent(s) will be called and required to pick up the graduate from the party venue. No refunds will be granted. The graduate (if over 18 years of age) and/or their parent or guardian are liable for the full replacement cost of any and all loss or damage to any persons or property that is directly or indirectly caused by the graduate.

In case of emergency, authorization is given for all medical, surgical, diagnostic and hospital procedures as may be deemed necessary and performed by a treating physician. The graduate (if over 18 years of age) and/or their parent or guardian assumes responsibility for any expenses incurred as a result of accident, injury, illness and/or unforeseen circumstances requiring treatment. Any medication required by the graduate must be given to the designated person at check-in, along with a parental note with instructions for administration.

PARENT RELEASE (if student is under the age of 18)

We, the parents or legal guardians give permission for _____ to attend the Senior Party following graduation. We understand that the Senior Party is not a school-sponsored event, and that the school assumes no legal liability associated with the event. We agree to hold the school, each member of the Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all liability claims of any nature which may arise in connection to our child's participation with the event. In addition, we also give permission to the parent chaperones at the event to sign any waivers necessary for participation.

 Parent/Legal Guardian Name Printed

 Parent/Legal Guardian Signature

 Date

 Parent/Legal Guardian Name Printed

 Parent/Legal Guardian Signature

 Date

STUDENT RELEASE

I, _____, understand that the Senior Party is not a school-sponsored event, and that the school assumes no legal liability associated with the event. I agree to abide by the rules and directions established by the Parent Planning Committee, which is comprised of parents who have organized the event. I hereby assume all risks associated with attendance at and participation in the event, and agree to hold the school, each member the Parent Planning Committee, West Coast Entertainment and its officers, employees, contractors and entertainers harmless from any and all liability claims of any nature which may arise in connection with the event.

 Parent Signature (if under the age of 18 at the time of registration)

 Student's Birth date

 Date signed

 Student Signature (if over the age of 18 at the time of registration)

 Birth date

 Date signed



CLASS OF 2017 SENIOR ALL-NIGHT PARTY SCHOLARSHIP APPLICATION

The Senior Party for the Class of 2017 will take place on the evening of graduation. Students will be bused to a top secret destination to party, eat, dance and be entertained all night long. This is a parent planned event and is not sponsored or arranged by the school.

Scholarships are available and students are encouraged to submit applications for consideration. Applications are considered on a first come, first serve basis.

Student Name _____

Student's Address: _____ City, State, and Zip: _____

Home or Cell Phone: _____ Student's E-Mail: _____

Parent(s) Name(s): _____

Parent(s) E-Mail: _____

1. Please provide a short reason describing your scholarship need (all information will be kept confidential):

2. The regular ticket price is \$125 for this event, which covers all expenses including food and drinks, transportation, and entertainment. Please list the amount you can contribute and any payment plans needed. This will allow us to provide scholarships for additional students from the scholarship fund. _____

3. Once scholarships are awarded, attendance would be expected. Are you able to attend the event on graduation night?

4. Please list any other details for consideration:

Scholarship applications must be received by June 2, 2017. Forms can be turned in at the office in a sealed envelope (in the SQHS PTSA lock box outside the ASB office) or emailed directly to marci.alvord@comcast.net. All applications are kept confidential. Approvals will be communicated immediately for planning purposes.