

CKHS PTSA GRAD NIGHT 2017: Thursday, June 8, 2017

Early Registration Fee: \$60.00

Fee increases to \$80.00 on December 1st

PERMISSION TO ATTEND/MEDICAL RELEASE/PROTECTION CLAUSE

The PTSA sponsored Grad Night celebration is an all-night drug and alcohol free event for CKHS 2017 graduates. Busses depart from the Kitsap Pavilion shortly after Commencement and will return students to CKHS Parking Lot at approximately 4:30 a.m. While this is not a CKSD sponsored event, all CKSD rules of conduct apply. We reserve the right to check bags and pockets. Any improper conduct may result in the student's removal from the bus or facility and parents will be notified to pick up their student.

Student: _____ Student Phone: _____ T-Shirt size _____

Student Address: _____

Circle one: U.S. Citizen? YES/ NO

Note: additional paperwork will be required for non US citizens.

BIRTHPLACE (city,state) _____

Please include country if born outside of the USA

Student Date of Birth: (M/D/Y): _____ Date of last Tetanus shot: _____

Physician: _____ Physician's Phone: _____

Medications in use: _____ Chronic Illnesses/Allergies: _____

Insurance Provider: _____ Policy Number: _____

Parent Name(s): _____ Parent Phone(s): _____

Parent Email(s): _____

Additional Emergency Contact Name/Phone: _____

CONSENT TO MEDICAL CARE AND TREATMENT

If I (parent/guardian) cannot be reached in case of an emergency, I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my son/daughter named above.

COMMITTEE PROTECTION CLAUSE

We (parents AND student) understand that the Grad Night 2017 celebration is not a school sponsored event, and that the CKSD assumes no legal liability associated with the event. We agree to abide by the rules and directions established by the CKHS PTSA Grad Night Committee, which is composed of parents who have planned the event. We hereby assume all risks associated with the attendance and participation at the event and agree to hold the CK School District, Naval Base Kitsap and each member of the CKHS PTSA and Grad Night Committee harmless from any and all liability claims of any nature that may arise in connection with the event.

*****We understand that though payment is transferable prior to the event, no refunds will be given.*****

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Registration paid \$ _____ Additional donation \$ _____ **TOTAL enclosed \$** _____

*****Return form/payment to CKHS office or mail to CKHS PTSA Grad Night; PO Box 8, Silverdale, WA 98383

*****Checks payable to CKHS PTSA Grad Night. Questions? EMAIL gradnightckhsptsa@gmail.com

Date _____ Amount Paid _____ Cash/Check# _____ GMail _____ Data Base _____