ABHS 2019 Senior All-Night Party (SANP)

Ticket Order and Parental Consent/Volunteer Form

Parental permission is required to purchase a ticket.

Class of 2019 Graduate’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email (please write clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail any specific medical information (allergies, known drug reactions, current prescribed medication, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the following Class of 2019 graduate,

 (please print parent name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission for him/her to attend Anchor Bay High School’s

 (please print student name)

Senior All-Night Party. I recognize that, as a result of participation in the activities offered during Anchor Bay High School’s Senior All Night Party, injuries can occur and result in the need for emergency treatment. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do herby consent in advance to such emergency care, including ambulance transportation, and/or hospital care as may be deemed necessary under the then existing circumstances. I will assume the full expenses of such care not covered by my insurance company/policy. Anchor Bay School District is not held liable for injury to the participant or cost of medical expenses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/guardian Date

**Volunteer Information**

I would like to work on the following committee(s):

 decorations volunteers food prizes/donations fundraising

I will be able to volunteer before/during the event for the following shifts:

 event decorating set-up (typically the Friday before from 3pm until it’s done)

 9pm – 12:30am Midnight – 3:30am 3am – 6:30am

No checks accepted after 3/29.

Tickets must be purchased by 5/17.

Absolutely NO TICKETS will be sold at the door.

You will need to fill out a District Volunteer Form (which is included in this mailing)

**Payment Information**

$60 cash (receipt # \_\_\_\_\_\_\_ ) check (check # \_\_\_\_\_\_\_ )