## **GLHS GRAD BASH 2022 REGISTRATION**

GRAD Rash!

Early Registration NOW thru December 31, 2021: \$100.00 Registrations made after January 1, 2022: \$125.00

**DEADLINE** for registration: April 30, 2022

Dear Class of 2022 Parents/Guardians:

A completed registration form, participation form, and emergency care form must be submitted simultaneously with payment for your Senior Student to participate in the event. There will be no exceptions for later comers!!!

| Student Name:           |                                      |
|-------------------------|--------------------------------------|
| Primary Address:        |                                      |
| City:                   | Zip Code:                            |
| Date of Birth: circle)  | Shirt Size: S M L XL 2XL 3XL (please |
| Parent/Guardian Name:   | Relationship:                        |
| Primary Phone Number:   | _ Receive Text Message: Yes or No    |
| Secondary Phone Number: | _ Receive Text Message: Yes or No    |
| Email Address:          |                                      |
|                         |                                      |
| Parent/Guardian Name:   | Relationship:                        |
| Primary Phone Number:   | _ Receive Text Message: Yes or No    |
| Secondary Phone Number: | _ Receive Text Message: Yes or No    |
| Email Address:          |                                      |

CHECKS, CASHIER CHECKS, OR MONEY ORDERS ONLY MADE OUT TO: **GLHS GRAD BASH**\*\*\* **SORRY, NO CASH WILL BE ACCEPTED!!!** \*\*\*

Please mail completed form(s) and payment to:

P.O. BOX 514

RICHLAND, MI 49083

Please contact Allison Wendt if you have any questions regarding registration: haidynsmama@yahoo.com

| Administrative Use Only:    |                      |
|-----------------------------|----------------------|
| Date Registration Received: | Check/Money Order #: |

## Parent Consent of Participation In order for your child to participate in all SENIOR NIGHT GRAD BASH EVENT, please complete the following information: has my permission to attend the SENIOR NIGHT BASH EVENT, Thursday, June 9, 2022; immediately following graduation ceremonies until returned back to Gull Lake High School on Friday, June 10, 2022. I understand that my child must turn in this form before they're allowed to board the bus or participate in any of the activities. I also understand the following: 1. Parents/Students must provide their own transportation after arriving back at the High School on Friday, June 10, 2022. 2. This event is for Gull Lake High School Class of 2022 Graduates only. No other guests will be allowed, other than staff and chaperones assigned to the event. 3. ALL SCHOOL RULES/POLICIES APPLY during this event. Failure to comply with school rules/policies or inappropriate behavior will result in a call to the parent/guardian(s) listed, dismissal from the event, and forfeiture of the registration fee. Transportation home will NOT be provided after the event and an alternate pick-up arrangement must be coordinated immediately. I understand that my participation and/or my child's participation in this event is voluntary and I accept full responsibility for all claims and liabilities of any kind arising out of my and/or my child's participation in this event. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: Parent/Guardian Signature: \_\_\_\_ Date: \_\_\_\_\_ **Emergency Care Form** As parent(s) or legal guardian(s) of \_\_\_\_\_\_, I (we) grant permission to seek and/or administer emergency medical care/treatment on my (our) behalf in the event that my child's health and wellbeing is involved, and my child, or myself, as parent(s)/guardian(s) is/are unable to respond or cannot be reached at the time of the incident in a timely manner. Date: \_\_\_\_\_ Parent/Guardian Signature: Parent/Guardian Signature: Date: \_\_\_\_\_ Even though you as a parent/guardian have given a phone number where you can be reached during the event, please provide alternate emergency contact information in the event we're unable to contact you. Emergency Contact Name: \_\_\_\_\_ Relationship:\_\_\_\_\_ Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_\_ Student's Physician and Phone Number: \_\_\_\_\_\_ Hospital Preference:

Allergies, Medical Supplies, Special Dietary Needs: Yes or No

If Yes, please explain: \_\_\_\_\_\_\_

Contract #:

Health Insurance Company:

Insurance Group #: