Estacada SAFACT Presents
Class of 2023 All Night Grad Party

Date: June 17, 2023 9:30pm-7am

Students will need to check in directly after the fireworks in the Estacada High School commons!

We will be accepting sign ups until May 15th. We encourage all students to attend!

Registration: **$60 If you sign up before April 15th**
$75 until May 15th

SAFACT is a non-profit organization and is solely made up of volunteers. The Party is parent sponsored, chaperoned, drug and alcohol-free all-night party for all Estacada area Seniors (proof of enrollment or residency requested). The graduates will be whisked off to a fun and safe location by bus, where they will celebrate their accomplishments with food, activities, and prizes. When we arrive back in the morning, the graduates will enjoy breakfast together before receiving their prizes.

There will be no phones, and all bags will be checked. Photographers will be on site to document the night for our seniors. Bag check-in is June 17, 2023 11am-1pm at EHS, they will only need a towel, swimwear and change of clothes and other necessary items of that nature. Medications can be checked in and administered that night as needed. Parent Pick up location TBD

Volunteers and Donations are needed for events all year!

Visit our Facebook Page - **EHS SAFACT Class of 2023**- for Future Events, volunteer sign ups and meeting times. We welcome all parents, grandparents, & guardians to attend and participate. We provide tax receipts for any item or money donations made to SAFACT or scholarships fund, our goal is to make sure that everyone can attend.

Ways to Pay Admission Cost or to Donate:

(The school staff will not be collecting money, so please make sure to use the below methods of payment.)

Payments can be made by Check, Cash, Money Order, or Credit/Debit Card

- Please attach form and insert any payment
- Make all checks and money orders out to SAFACT
- Send to SAFACT, PO Box 734, Estacada, OR 97023
- Pay with Credit or Debit go to https://ehssafact2023.square.site/

Scholarship for tickets available, submit form at: https://forms.gle/HgLL1CJqqyp2pq2p7

Questions? Email Us At: estacadasafact@gmail.com
Message us at https://www.facebook.com/groups/791696168800583

SAFACT ALL-NIGHT GRAD PARTY REGISTRATION FORM

SAFACT
PO Box 734
Estacad, OR 97023

☐ Paid $60 before April 15th
☐ Paid $75 between April 15th and May 15th

Activity: **SAFACT ALL NIGHT GRAD PARTY**

Start Date: **Saturday, June 17, 2023 9:30-10pm**

End Date: **Sunday, June 18, 2023 6am**

Student Name

Shirt Size:

Health History

Check all that apply:

Allergies:
- ☐ Food _____
- ☐ Peanut ▫Hay Fever ▫Insect stings
- ☐ Medicine/drugs _____
- ☐ Plants _____
- ☐ Pollen _____
- ☐ Other(specify)

☐ Dietary Restrictions: _____
_____

Chronic Recurring Illness:
- ☐ Heart defect/disease _____
- ☐ Seizures _____
- ☐ Bleeding/clotting _____
- ☐ Asthma
- ☐ Diabetes
- ☐ Had any restrictions concerning physical activities? _____
_____
_____

☐ Other (specify) Please use space below to provide any additional information. _____
_____
_____

Parent/Guardian Permission

My student (name) _____ has my permission to participate in this activity. S/He is in good physical condition and has my permission to receive first aid and emergency treatment from a licensed physician. It is understood that all reasonable efforts will be made to contact me in case of emergency. Further, the child/student and/or parent/guardian agree to pay all costs associated with medical care and transportation for the child/student. I have noted any medical/health problems of which the staff should be aware.

I further agree to indemnify and hold harmless the SAFACT, and/or their contractors against any liability resulting from any injury that may occur to the participant while participating in any event activities. I also agree to indemnify SAFACT for any damages incurred arising from any claims, demand, action or cause of action by myself, my student, and any other designated adult listed on this form.

☐ Check if child/student **MAY NOT**:
Participate in (e.g., active sport) _____
_____

Medication Information

My student does not take any medications. Please initial line and skip to next page.

Parent Initials

Medical Information that requires monitoring.

Include all prescription and/or over-the-counter medication. When the student attends the activity all listed material must be in its original container and you must include any items (inhalers, spoons, cups, etc.) needed to properly dispense the medication. A chaperone will dispense all medication while student is participating in the activity (see exemption below).

Name of Medication #1 ▢ Requires Refrigeration	Dosage
Condition for which it is given	Administration Schedule
Name of Medication #2 ▢ Requires Refrigeration	Dosage
Condition for which it is given	Administration Schedule
Name of Medication #3 ▢ Requires Refrigeration	Dosage
Condition for which it is given	Administration Schedule
Name of Medication #4 ▢ Requires Refrigeration	Dosage
Condition for which it is given	Administration Schedule

Medication Administration Exemption (Optional)

☐ My child has permission to administer his/her own medication with a chaperoning observing during the event.

Parent Guardian Agreement

No prescription medication or non-prescription medication, including, but not limited to, pain relievers, sunscreen, cough syrup, and first aid ointments or nose drops, will be administered by SAFACT to a child unless it is packaged and labeled as follows:

- **Prescription medication** is in the original container and labeled with the child's name, name of the drug, dosage, and directions for administering, date, and physician's name.
- **Non-prescription medication** is in the original container, labeled with the child's name, dosage, and directions for administering.

My signature below authorizes SAFACT, in it's sole discretion, to administer the above described medications as it deems reasonable and appropriate under the circumstances. I have read and understood this permission form.

Photo and Non-Confidential Information Consent and Release

I, the undersigned, do hereby consent and agree that SAFACT have the right to take still photographs, videotape, sound recordings or any other digital recording of my child(ren) for and during the event identified above. I do hereby release to SAFACT all rights to distribute, broadcast, post any and all media from the event identified above in print or electronic form via private Facebook page and/or Google Photos shared folder. I hereby declare that I am at least 18 years of age, have read, understand and agree to the foregoing statements on consent, waiver and release.

Code of Conduct

To ensure that the event is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. My family and I, will uphold the following conduct and behavior standards:

Section One:

- Be courteous and respectful to others at all times.
- Value and respect others' ideas regardless of whether they are the same as my own.
- Respect authority and comply with the requests of the facilitators,SAFACT and volunteers, event personnel, and others during any activity sponsored during the weekend.
- Take full responsibility for any damage to personal or public property due to my actions.
- Dress appropriately at all times.

Section Two:

- Understand discrimination of any type that will not be tolerated.
- Will not bring/use alcohol, tobacco, or other drugs.
- Will not engage in any behavior of a sexual nature at any time during the weekend.
- **Will leave all phones and electronics at home**

Consequences for a **Section One** violation include removal from current activity. If it is determined behavior warrants dismissal from the event, a family member will be notified and student will be sent home. Violations of **Section Two** will result in immediate dismissal from the event.

Dress Code

General Guidelines:

1. Dress in comfortable clothes that will allow you to walk and move with ease during light-heavy physical activity.
2. Hair must be neat, clean and worn in a manner which does not interfere with vision or cause a disturbance.
3. No article of clothing that pertains to or depicts the following will be acceptable:
    a. Substances or activities illegal by law for minors; alcohol, drugs, tobacco, gambling, no profane, suggestive or violent or other inappropriate language, no derogatory symbols; remarks directed to any ethnic group, gender, nationality, color, race or religion
4. Please pack appropriate swimwear, towel, and a change of clothes.

Student Agreement		
I have read and understood this permission form. I agree to all terms as outlined on this form		
Printed Name of Student	Signature of Student	Date
Telephone: Home Cell Email Address:		
Parent Guardian Agreement		
I have read and understood this permission form. I agree to all terms as outlined on this form		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Telephone: Home Work Cell Other		
Other Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Telephone: Home Work Cell Other		
Chaperones are required to have participated with meetings and events preceding the all-night grad party. Interested parties can contact ehssafact@gmail.com Do you wish to Chaperone? Y ▢ N ▢		
Family Emergency Contact		
Name	Relationship to student	
Telephone: Home Work Cell Other		
2nd Family Emergency Contact		
Name	Relationship to student	
Telephone: Home Work Cell Other		
Please list any additional adults who are authorized to pick up your child/student. The individual(s) listed below are the only individuals we will allow your child(ren) to leave with other than yourself:		

If in need of a scholarship to attend the SAFACT party, please submit proof of free or reduced lunch with application and we will contact you to arrange payment amount, if applicable.