



RIDE THE ULTIMATE PARTY WAVE!!!
CLASS OF 2010 REGISTRATION FORM

SAVE \$15.00 IF YOU REGISTER BY OCTOBER 30, 2009!

You may register by completing the registration form below. Please include check or money order made payable to PUP 2010. Please drop the form into the Ultimate Party mailbox located in the high school office or mail it to Mrs. Michelle Jarrard, 137 Rustic Lane, Battle Creek, MI 49017.

STUDENT NAME:	
PHONE NUMBER(S):	
ADDRESS:	
T-Shirt Size (<i>Circle One</i>):	Small / Medium / Large / X-Large / 1X / 2X / 3X
Parent(s)/Guardian(s):	

(Child's Name)

has my consent for participation with the 2010 Ultimate Party event. I understand that my child must be a graduating senior to attend the party and that my deposit is non-refundable. My consent also applies to the use of any photographs or video footage used or taken in conjunction with the 2010 Ultimate Party.

Student Signature: _____

Parent(s)/Guardian(s) Signature: _____

Amount Enclosed (Check One):

- \$35.00 (ON or BEFORE October 30, 2009)
- \$50.00 (After October 30, 2009)
- Scholarship Assistance (Student would like to participate and needs to be considered for financial assistance.)

2010 ULTIMATE PARTY EMERGENCY INFORMATION

Child's Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Parent(s)/Guardian(s) Names:

_____ Cell Phone: _____

_____ Cell Phone: _____

Emergency Contacts: (Please list two alternate contacts if we cannot reach parent.)

Name: _____ Phone: _____

Name: _____ Phone: _____

List any physical or mental handicap, medical problem, allergy, etc.:

I give permission for my child to be given Tylenol, Motrin, Benadryl (or non-aspirin) if they request it:

_____ YES _____ NO

Please provide as much medical insurance information as possible:

Provider: _____ Group #: _____

Contract #: _____ Phone #: _____

PLEASE REVIEW THE ATTACHED WAIVER AUTHORIZATION DOCUMENT WITH YOUR CHILD. PLEASE ENSURE BOTH SIGNATURES ARE COMPLETED BEFORE RETURNING IT WITH THE REGISTRATION FORM AND PAYMENT TO THE HIGH SCHOOL OR VIA MAIL TO MRS. MICHELLE JARRARD.

Parent(s) or Guardian(s)
Approval for Participation in Event, Release, and Consent to Emergency Care,
Basic First Aid, and Schedule Modification

1. I am the natural parent or guardian of _____ (the "Event Participant"), and I have the authority to give the consents and releases described in this document. I give permission for the Event Participant to participate in the following event: Pennfield Ultimate Party 2010 which is scheduled to occur on June 7-8, 2010 (the "Event").

I understand that the Event is sponsored by the Pennfield Parent, Teacher, and Student Organization (the "Event Sponsor"). I understand that the Event Sponsor has arranged for certain adults to be in attendance at the Event, but that such adults might, or might not, actually be in attendance at the Event; each of such individuals in attendance at the Event may be referred to as an "Accompanying Adult."

2. I agree that I am responsible for assuring that the Event Participant follows the rules of the Event established by the Event Sponsor, and I agree that I am responsible for assuring that the Event Participant follows the directions and instructions of any Accompanying Adult, and I will so instruct the Event Participant.

3. I acknowledge that the Event Participant is permitted at the Event on the condition that no Accompanying Adult, nor the Event Sponsor, will be liable for any act or failure to act of any person, including, without limitation, the Event Participant. I release and discharge each Accompanying Adult and the Event Sponsor from any and all liability, claims, demands, damages, losses, costs, expenses, actions, and causes of action resulting from, in connection with, or arising out of the Event Participant's participation and attendance at the Event.

4. Even though the Event has been carefully planned and all reasonable safety precautions have been taken, I acknowledge that accidents and unanticipated events do occur. In the event that a medical emergency were to occur or a medical need arise, I give my permission for any Accompanying Adult to obtain all emergency medical care needed for the Event Participant. I further give my permission for any Accompanying Adult to administer and obtain all basic first aid needed for the Event Participant. I understand that the Accompanying Adults have not been trained in the administration of medical care, including, without limitation, emergency medical care. I understand that professional medical care might not be immediately available at the Event.

5. I understand that although Accompanying Adults will be at the Event, the Accompanying Adults will not be able to be, and do not intend to be, in the physical presence of the Event Participant at all times, and the Accompanying Adults will not act as chaperones to monitor all of the activities of the Event Participant at the Event.

6. Even though the Event has been carefully planned, I acknowledge that unanticipated events do occur. I consent to any adjustments to the Event, determined in the sole discretion of any Accompanying Adult. I agree that I am responsible for obtaining transportation for the Event Participant to and from any location designated by any Accompanying Adult.

7. In witness of my agreement and consent as described in this document, I have executed this document.

Signature: _____ Date of signature: _____

Name of signer (*please print*): _____

Signature of student: _____ Date of signature: _____

Address of signer: _____

Telephone number of signer: _____