

NAME _____ check# _____ cash _____ rec'd _____

A paper ticket will not be issued. Students who have their tickets paid for will simply be on "The List" of attendees at the front door. Retain this as your receipt.



Permission Slip
All Night Party - Saturday, June 5, 2010 10:45 p.m.
This celebration is for 2010 ROHS Graduates only

Admission requires: a paid reservation and a signed Permission Slip.
Students must arrive before 11:45 p.m. Forms received before May 15th will help expedite admission.

Return this form to: "ALL NIGHT PARTY" mailbox in front office OR mail to: ROHS All Night Party
1500 Lexington Blvd. Royal Oak MI 48073

PLEASE COMPLETE FULLY AND PRINT CLEARLY

EMERGENCY INFORMATION:

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____

Phone # during ROHS All Night Party hours:

Parent's email: _____

Allergies/Reactions: _____

Medications:

By signing this document, I give my permission for the ROHS All Night Party Committee to seek medical attention for my child in the event that I cannot be reached during an emergency.

Parent/Guardian Signature Date

**PARENTAL AUTHORIZATION
& ACKNOWLEDGEMENT OF
RISK**

I understand that participation in the All Night Party, (ANP), involves public property, and that neither the All Night Party Committee, nor its parent volunteers, PTSA or School District will have any responsibility for the condition of this property. I have been made aware of the purpose of the ANP, and that its activities include physical games, and agree that, to the best of my knowledge, my child is physically able to safely participate in this Celebration. I understand that my child will abide by all restrictions and procedures set forth by the Party Committee.

Transportation to and from the party is the responsibility of the student and parent or guardian.

Parent/Guardian Name (Print) Date

Parent/Guardian Signature

Student (Print) Date

Student Signature

Questions? email: brenr@openadoptioninsight.org