

**ROHS SENIOR ALL NIGHT PARTY – PERMISSION SLIP**  
Celebration to honor the 2011 ROHS Graduates only  
**THURSDAY, JUNE 2, 2011**

Admission requires a paid reservation and a signed Permission Slip. Students must arrive at the ROHS Normandy lot at 11 p.m. and check in. Buses will depart promptly at 11:30 p.m. (NOTE: Transportation to and from Royal Oak High School is the responsibility of the student and parent or guardian.)

Return this completed and signed form to the "ALL NIGHT PARTY" mailbox located in the front office or Mail to: ROHS All Night Party, 1500 Lexington Blvd. Royal Oak, MI 48073.

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**ROHS PTSA PERMISSION SLIP IN COMBINATION WITH THE JOE DUMARS FIELDHOUSE PERMISSION SLIP:  
(PLEASE PRINT AND COMPLETE ALL INFORMATION REQUESTED BELOW)**

**EMERGENCY INFORMATION:**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT BIRTHDATE:** \_\_\_\_\_

**STUDENT ADDRESS:** \_\_\_\_\_

**ALLERGIES/REACTIONS:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**EMERGENCY # TO CONTACT THE PARENT DURING THE  
ROHS ALL NIGHT PARTY:** \_\_\_\_\_

**PARENT/GUARDIAN  
NAME:** \_\_\_\_\_

**PARENT EMAIL ADDRESS:** \_\_\_\_\_

Dear Event Participants,

We have worked hard to create a first-class athletic, event and entertainment facility that is safe for people of all ages. While injuries are extremely rare, there are some inherent risks to the activities we offer. As a result, our insurers require that participants or their legal guardians acknowledge and accept these risks.

Please review the consent form below, and if it is acceptable to you, please sign where indicated. Unfortunately, we are unable to permit participation without all of the information on file.

Feel free to call with any questions you may have. We greatly appreciate your interest in our facility and the programs and activities we offer.

Yours truly,

Joe Dumars and the Fieldhouse Team

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**PARENTAL AUTHORIZATION, PERMISSION & ACKNOWLEDGEMENT OF RISK FOR BOTH THE ROHS PTSA AND JOE DUMARS.**

By signing this document, I understand that participation in the Senior All Night Party, (SANP), 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 SANP 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 Part Committee. In addition, I give my permission for the ROHS All Night Part Committee to seek medical attention for my child in the event that I cannot be reached during an emergency. Also, by signing this form on behalf of the participant named above for whom I am a legal guardian, I acknowledge and assume the risks related to all activities in which the Participant participates now or in the future at Joe Dumars Fieldhouse (including the Bayou Adventure and the restaurant located therein, such activities being hereinafter referred to as the "Activities"). Further, I hereby agree to indemnify, defend and hold the Fieldhouse League Sports Facility Limited Partnership, Joe Dumars Fieldhouse Grill, any of their agents, employees or other affiliated entities harmless from against all forms of liability, claims or causes of action arising out of or in any way connected to the Activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date