Night to Remember is an annual event sponsored and funded by the Parents of the Class of 2020 (and participating seniors). It was established to offer our newly graduated seniors an all-night celebration with their classmates in a safe, fun-filled, and exciting way. Specific details of the event are always kept “secret” and always include: fun, food, dancing, music, and great entertainment. A Night to Remember is fully chaperoned by parents at all times. There will be a Madison Police escort with us throughout the night. This event is not sponsored by Madison Central High School.

**DATE:** The Class of 2020 will graduate on Saturday, May 16\textsuperscript{th}. Participating students and chaperones/volunteers will meet at MC that evening, and everyone will travel on chartered buses. They will return to MC on Sunday, May 17\textsuperscript{th}. Additional information will be communicated closer to date.

**COST:** The cost to participate is $185.00 per senior.
- An initial deposit of $100 is due by Friday- October 18, 2019.
- The final payment of $85 balance is due by Friday- February 14, 2020.
- *We MUST have full payment no later than February 14\textsuperscript{th} to reserve your senior's spot on the bus.*
- Payments are non-refundable.

**REQUIREMENTS:** Along w/payment(s), we need the following forms completed, signed and returned:
1) Payment Commitment/Parent and Student Agreement
2) Notarized Parent/Participant Release and
3) Notarized Medical Release Information

Forms must be completed and received prior to February 14, 2020 to reserve your senior’s spot.

**VOLUNTEERS:** We will need lots of help prior to this event and on graduation night (including nurses to travel with us, male and female chaperones, goodie bag assembly, etc.)
- Closer to date, we will have Volunteer Sign Up electronically. Information will be posted on Facebook and sent through the Remind App.
- If you are interested in helping with this last event for our seniors, please email our NTR Chairs Dara Bariola dara.bariola@healthy-miss.org or Kim Humphreys kdghump@netscape.net who will share your contact information.

Be sure to like our Facebook page where we will post regular updates - "MC Class of 2020 (parents)"

Updates and Information will also be sent via the Remind App for seniors. Please make sure that you are receiving through the front office.
ADMISSION and DEPARTURES:
Admission will be granted only to MCHS graduating seniors who have bought a ticket and turned in their required forms. Seniors will meet Saturday, May 16, 2020 that evening in the MCHS Cafeteria and return the next morning, Sunday, May 17, 2020.
- Parents will be notified of any paid seniors not checking in within the scheduled time period.
- Graduates will be checked in through Security and are not allowed to bring any beverages (i.e.- water bottles, alcoholic beverages, etc.) lighters/matches, controlled substances, tobacco/electronic nicotine devices, pens, knives, etc.
- All weapons/firearms will be confiscated.
- If anyone is found to be under the influence of drugs or alcohol, Security will be immediately contacted, and the family will be notified to retrieve their student without trip reimbursement.
- A uniformed police officer will be on duty throughout the night.
- Please...DO NOT BRING VALUABLES TO GRAD NIGHT! Only cell phones will be allowed at Grad Night. NO purses, bags or sleeping bags allowed.
- All information will be kept strictly confidential and medical personnel will be on site throughout the night.
- All medication must be checked in upon arrival, with the exception of inhalers/EpiPen.
- Should a medical emergency occur, 911 will be called to respond and the parents will be contacted immediately.
- Dress will be casual.

THERE WILL BE NO "IN AND OUT" PRIVILEGES. "ROLL" WILL BE TAKEN EACH TIME WE GET ON THE BUS TO ASSURE THAT THIS IS NOT AN ISSUE.

BEHAVIOR:
- Graduates will be expected to conduct themselves appropriately. Parents of graduates engaging in inappropriate behavior will be notified and directed to pick up their graduate.
- No alcohol, tobacco or drug use will be tolerated at any time.
- Remember: WATER AND FOOD WILL BE PROVIDED THROUGHOUT THE NIGHT, so there is no need to bring any food, drinks or cash to NTR2020.

Please let us know about any special medical condition, including food allergies, the graduate may have- as soon as possible.
#1: Payment Commitment

(  ) YES, I WANT MY SENIOR TO PARTICIPATE IN NIGHT TO REMEMBER!

I understand the volunteers will be providing a safe & enjoyable graduation celebration for the MCHS-Class of 2020 seniors.

________________________________________________________________________________________________________________________________________________________

Student Name (printed): ________________________________________________________________________________________________________________

Student Signature: __________________________________________________________________________ Date: __________________________________________________________________________

Parent Name (printed): ________________________________________________________________________________________________________________

Parent Signature: __________________________________________________________________________ Date: __________________________________________________________________________

Parent Cell: ________________________________________________________________________________________________________________

Parent Email: ________________________________________________________________________________________________________________

Enclosed is (check one): (  ) Deposit of $100.00 (due by October 14, 2019)
(  ) Final Payment of $85.00 (due by February 14, 2020)
(  ) Payment in Full of $185.00

Make checks payable to Night to Remember and mail along with forms to:

Night to Remember
Attn: Melissa Hill, Treasurer
126 Langdon Drive
Madison, MS 39110

#2: Parent and Student Agreement

I (and my parents) have read and understand the stated Code of Conduct and Policies/Procedures as found on the General Information Sheet. As a condition of attendance at the May 16, 2020 MCHS "Night to Remember" graduation night celebration, I agree to abide by these policies and procedures.

________________________________________________________________________________________________________________________________________________________

Student Name (printed): ________________________________________________________________________________________________________________

Student Signature: __________________________________________________________________________ Date: __________________________________________________________________________

Parent Signature: __________________________________________________________________________ Date: __________________________________________________________________________

IMPORTANT: Please return all forms no later than February 14, 2020 to make sure you receive your senior’s spot.
A Night to Remember 2020 (NTR/2020) for graduation seniors of Madison Central High School has been planned and organized and will be chaperoned by a group of parent volunteers. In consideration of the service provided by NTR2020 organizers and volunteers, I/we do hereby agree as follows:

Acknowledgement of Risks: I/We understand that there are significant elements of risk in any adventure, sport or activity, particularly those associated with the indoor or outdoor use of games and activities incidental thereto. Although the volunteers believe the vendors and suppliers chosen have taken reasonable steps to provide appropriate equipment and/or skilled staff, any such activity is not without risk I/We acknowledge that the following describes some, but not all of those risks: risks of personal injury, accidents and/or illness, including but not limited to sprains, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, and/or contusions, dehydration, oxygen shortage (anoxia) and or exposure head, neck and/or spine injuries, allergic reaction shock, paralysis or death. I/We understand the descriptions of these risks are not complete and that unknown or unanticipated risks may result in injury, illness or death.

Express Assumption of Risk Responsibility: I/We agree to assume responsibility for the risks identified herein and for those risks not specifically identified, I/we understand that participation in NTR2020 and all related activities is purely voluntary. No one is forcing me to participate. I/We verify that I am not under the influence of alcohol or drugs at this time and that the participant is sufficiently fit, qualified, or otherwise capable to participate in those NTR2020 activities he or she may choose to participate in. I/We elect to participate in spite of the risks.

Authorizations: I/We hereby authorize any medical treatment deemed necessary in the event of an injury while attending NTR2020.

Release: In consideration of services or property provided, the undersigned parent or legal guardian and the participant, for ourselves and our respective heirs, personal representatives, successors or assigns, do hereby agree to release and discharge all NTR2020 organizers, chaperones and volunteers, and the vendors and suppliers of transportation, venues(including each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted), games and activities, food and beverage and security chosen by any organizer of volunteer, as well as their respective agents, officers, employees and all other persons or entities acting in any capacity on behalf of any such person, jointly and severally, of and from any and all claims, demands, actions, causes of action, suits and damages or every Kind and nature whatsoever, which any of them may have, or claims to have, for personal injury, illness or death or damage to or loss of property, including all damages, costs, loss, and expense of every kind or nature whatsoever, whether known or unknown, anticipated or unanticipated, and whether accrued or hereafter to accrue, caused by, resulting from, growing out of or in any manner connected with NTR2020 and/or the participant's attendance at or participation in NTR2020 celebration and activities.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it. I agree to be bound by its terms.

Parent/Guardian’s Name (print): __________________________________________ Phone #: __________________________

Parent/Guardian’s signature: __________________________________________________________________________

Address (street, city, state, zip): ________________________________________________________________________

STATE OF __________________________________________ COUNTY OF: ______________________________________

Personally appeared before me, the undersigned authority in and for the said county and state, on this ______ day of ________, 20______, within my jurisdiction, the within named ____________________________, and ____________________________, personally known to me of identified through satisfactory evidence, who acknowledged that they executed the above and foregoing instrument.

______________________________ NOTARY PUBLIC; my commission expires ____________________________

[Seal]

Participant’s Name (Print): __________________________________________________________________________

Participant’s Signature: __________________________________________ Date of Birth: ________________________

IMPORTANT: Please return all forms no later than February 14, 2020 to make sure you receive your senior’s spot.
#4: Medical Release Information

Graduates will not be admitted to Night to Remember (NTR2020) without this form and the Notarized Parent/Participant Release Signed by Student and Parent.

Medical Conditions/Medications (Please list only the medications your student may need to take while in attendance at NTR2020 festivities.)

Student Name (printed): ________________________________________________________________

Medical Conditions(s): ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Medications: _______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician: ___________________________ Physician Phone: ___________________________________________________________________

Insurance Provider: ___________________________ Insurance ID #: ________________________________________

**Emergency Contact Information**

Please provide the contact information and phone number(s) where parent(s)/guardian(s) can be contacted beginning 5:00 p.m. on May 16, 2020 until 6 a.m. on May 17, 2020.

Primary Contact Name: ___________________________ Best Contact #: ___________________________

Secondary Contact Name: ___________________________ Best Contact #: ___________________________

**IMPORTANT:** Please return all forms no later than *February 14, 2020* to make sure you receive your senior’s spot.