

# MCHS Class of 2017

## NIGHT TO REMEMBER

### Payment Commitment Form

Night to Remember is an annual event sponsored and funded by parents of the 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. This event is not sponsored by Madison Central High School.

Night to Remember is fully chaperoned by parents at all times. There will be a Madison Police escort with us throughout the night.

Specific details of the event are always kept secret and always include: fun, food, dancing, music, and great entertainment - sometimes at venues nearby and sometimes trips to other cities.

The Class of 2017 will graduate on Saturday, May 20th. Students and chaperones will meet at MC between 6:30 and 7:00 that evening, and everyone will travel on chartered buses which will depart by 7:45 p.m. They will return to MC at approximately 5:00 am on Sunday, May 21<sup>st</sup>.

Cost to participate is \$175. A \$75 deposit is due by November 15, 2016. The \$100 balance is due by February 15, 2017. We **MUST** have full payment at that time to reserve your senior's spot on the bus. Payments are non-refundable. Three forms (Payment Commitment, notarized Parent/Participant Release and Medical Release) with signatures are required by Feb. 15, 2017.

We will need lots of help prior to this event and on graduation night, including nurses to travel with us, male and female chaperones, goody bag assembly, snacks, and more. If you are interested in helping with this last event for our seniors, please email our NTR Chair at [clubsmith5@gmail.com](mailto:clubsmith5@gmail.com). Be sure to like our Facebook page where we will post regular updates - "MC Class of 2017-Parents."

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

Senior Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

- Enclosed is (check one):
- Deposit \$75 (due with sign-up by November 15, 2016)  
Final Payment of \$100 (due no later than February 15, 2017)
  - Payment in Full of \$175

Make checks payable to ***Night to Remember*** and mail to:

Danelle McKinnis  
505 Highleadon Cove  
Madison, MS 39110

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### Code of Conduct and Policies/Procedures

*Objective: To provide a safe and enjoyable graduation celebration for the Madison Central High School Class of 2017.*

#### Admission and Departures:

Admission will be granted to MCHS graduating seniors who have bought a ticket and turned in their signed Payment Commitment Form, Medical Emergency Contact Form, and Parent/Participant Release forms. Seniors will meet between 6:30 and 7:00pm on Saturday, May 20, 2017 in the MCHS Cafetorium and return at approximately 5:00am the next morning, Sunday, May 21, 2017.

- Parents will be notified of any paid seniors not checking in within the scheduled time period, 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.
- Graduates will be checked in through Security. BACKPACKS AND PURSES WILL BE CHECKED. Do not bring any beverages, water bottles, etc., alcoholic beverages, lighters, matches, controlled substances, tobacco, pen knives, etc. All weapons/firearms will be confiscated. If anyone is found to be under the influence of drugs or alcohol, the police will be immediately contacted and the family will be notified to come and retrieve the student. A uniformed police officer will be on duty throughout the night.
- Please...DO NOT BRING VALUABLES TO GRAD NIGHT! No need to bring money, etc. Cell phones will be allowed but are certainly not needed or encouraged at Grad Night. NO SLEEPING BAGS.
- Please let us know about any special medical condition, including food allergies, the graduate may have.
- 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.
- Dress will be casual.

#### Behavior:

- Graduates will be expected to conduct themselves appropriately.
- No alcohol, tobacco or drug use will be tolerated at any time.
- Parents of graduates engaging in inappropriate behavior will be notified and directed to pick up their graduate.
- Remember: WATER AND FOOD WILL BE PROVIDED THROUGHOUT THE NIGHT, so there is no need to bring any food or drinks or cash to NTR2017.

ENJOY AN EXCITING LAST PARTY WITH YOUR FRIENDS FROM THE CLASS OF 2017.

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### Medical Release Form

Graduates Will Not Be Admitted to Night to Remember (NTR2017) 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 NTR2017 festivities.)

Medical Conditions(s): \_\_\_\_\_

Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Parent Emergency - Contact Information Please provide the phone numbers) where parents can be contacted beginning 6:30 p.m. on May 20, 2017 until 5 a.m. on May 21, 2017.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Student Agreement:

I (and my parents) have read and understand the stated Code of Conduct and Policies/Procedures as found on the separate sheet titled as such. As a condition of attendance at the May 20, 2017 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 3 forms (Night to Remember Payment Commitment Form, Parent/Participant Release and Medical Release Form) no later than Feb. 15, 2017 to the following:

Danelle McKinnis  
505 Highleadon Cove  
Madison, MS 39110

A notary can be found in the front office of MCHS for your signing convenience.

MCHS CLASS OF 2017 - NIGHT TO REMEMBER

Parent Participant Release

A Night to Remember 2017 (NTR/2017) 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 NTR2017 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 NTR2017 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 NTR2017 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 NTR2017.

**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 NTR2017 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 NTR2017 and/or the participant's attendance at or participation in NTR2017 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 or Guardian's Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent or 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: \_\_\_\_\_