

CLASS OF 2018 – Grad Night Registration

Magic Mountain Trip

May 25, 2018



Student/Parent Information – Please print legibly.

Student's First & Last Name: _____ (Required)

Student's Email: _____ (Required)

Student's Cell: _____ (If applicable)

Parent/Guardian's First & Last Name: _____ (Required)

Parent/Guardian's Email: _____ (Required)

Primary Contact Number: _____ (Required) Secondary contact Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____ (Required)

Student's Address if different: _____

Student's Birth Date: ____/____/____ (Required)

Make checks or money orders payable to *CKM Grad Night Committee*. Return the first payment and completed forms by **Wednesday, December 20, 2017**. Grad Night payments may be dropped in the Grad Night box in the main office, or mailed to the Grad Night Treasurer, Dean Borg. (See address below.)
Checks or money orders only – no cash, please.

- Payment in full (**\$175**) due December 20, 2017
- Payment installments
 - 1st Payment of **\$65** December 20, 2017
 - 2nd Payment of **\$65** February 7, 2018
 - 3rd Payment of **\$45** March 7, 2018
- I would like to attend, but the cost would be a financial hardship for my family. I have included a \$30 deposit (due December 20, 2017) to reserve my spot. I can pay a total of \$_____ and wish to be considered for a scholarship of \$_____.
Please note that you must also complete the Scholarship request form.
- I would like to **PAY IT FORWARD** by contributing a tax-deductible donation of \$_____ to ensure all eligible seniors may attend this fun-filled event!

Please put completed form and payment(s) in the “**Grad Night**” box in the CKM main office or mail to:

Dean Borg
1537 41st Street
Sacramento, CA 95819

<i>Do not complete. For Committee purposes only.</i>	
Check / MO #	
Registration Amount	\$
Pay It Forward Amount	\$
Scholarship Request	Yes / No

Confirmations will be emailed once registration/payment is processed.
Pay It Forward Donors will receive a separate donation receipt.

If you have any questions, please contact the committee at ckmgradnight2018@gmail.com.

**PARENT’S APPROVAL, STUDENT, FAMILY,
AND PARTICIPANT WAIVER**

Name of Student: _____

who will participate in all PTA sponsored events for the school year 2017 to 2018, which will include, but is not limited to the following:

- 1) **Grad Night, May 25, 2018, Magic Mountain**

The undersigned parent or guardian assumes all risks in connection with the family’s participation in any and all of the PTA sponsored activities.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student’s property, or parent’s property or to myself in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health and of sound mind. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none please write none.

Parent/Guardian/Participant Signature

Date

Print Name

(____) _____
Telephone