

Senior Grad Night Registration
All Night Party – May 24, 2012
Kiwanis Wave Pool - 10:00 p.m. – 4:00 a.m.
EARLY BIRD REGISTER TILL AUGUST 19, 2011 - \$55
Registration August 20, 2011- December 31, 2011 - \$60
Registration January 2012 – May 24, 2012 - \$65
Registration at the Door - \$100

Student's name: _____
Address: _____ City _____ Zip _____
Parent/Guardian's Names: _____
Parent/Guardian's Email: _____
Parent/Guardian's Phone #'s: _____

I agree to the conditions of a drug and alcohol-free Grad Night Party. If it is determined by security and the Grad Night committee that I am in possession of/or incapacitated by such substances, or my personal conduct is deemed disrespectful or uncooperative, my parents will be notified and I will not be allowed to remain at the facility. My parents/guardian will be contacted for my immediate pick up. . **I understand that this is an all night party and I will not be released until 4:00am, regardless of my age.**

Student's signature _____ Date _____

My son or daughter will be participating in the Kiwanis Grad Night activity and I agree to assume the risk of personal injury during his or her participation. I understand that all reasonable efforts will be extended to insure the health and safety of all who are attending the party. I waive, release and hold harmless the Corona del Sol PTO and any of it's agents, officers and parent volunteers from any and all rights and claims for damages or cost I may have to incur for personal injury, death or property damage suffered by my son or daughter, or that he or she may cause to others as a result of his or her participation in this activity. If the graduate is not deemed fit by the Corona PTO, it's officers and parent volunteers to engage in any activity, due to fatigue, overeating, alcohol consumption, possession or misconduct, I understand that my son or daughter will not be allowed to participate in the activity and I will be called for immediate pick up. I have read and clearly understand the above statements and release Corona del Sol PTO from liability. Should my son or daughter wish to leave before the 5:00am release time, I agree to be called by the Corona PTO to pick him/her up.

Parent or Legal Guardian's Name (printed): _____
Parent/Legal Guardian's Signature: _____ Date: _____

Make Checks payable to CdS PTO. Mail to:
CdS PTO, 1001 E. Knox Road, Tempe, AZ 85284

This HUGE event can only occur with the help of over 150 parent volunteers from all grade levels, and we would welcome your support! Here are a few ways you can help:

- ___ Business, corporate or personal cash donations to help fund the party or use for prizes
- ___ Retail connections to contact for donations of prizes and food
- ___ Help on a committee:
 - ___ Registration and Check-in
 - ___ Volunteer Coordinator
 - ___ Picture Boards-Done before the event
 - ___ Set Up
 - ___ Bag Room (Shifts 9-12, 12-2:30, 2:30-4)
 - ___ Prizes
 - ___ Food Committee
 - ___ Casino and Bingo
 - ___ Clean Up (2 am)
 - ___ Other

For more information, contact Becky Peña at (480) 753-9399 or email beckpena4@gmail.com