

**WHAT: Class of 2017 Grad Party for Senior Graduates**  
*(Food, Music & Entertainment. This is an alcohol, drug, and electronic device-free celebration under the supervision of CHS parents).*

**WHEN: Thursday, May 25, 2017** *(Immediately after the Graduation Ceremony)*

**WHERE: It's a Secret!!!**

**HOW: Graduates are transported from the high school to the party**



**COST**

**Option 1:** Pay in full SENIOR year.  
**(\$130.00 - due 1/2/2017)**

**Option 2:** Pay third of three installments  
**(\$30 due 1/2/2017)**

**(\$120.00 - due 6/3/2016)**

**TIME:** Immediately after the commencement ceremony, transportation will be provided from the high school and return the students to Caledonia High School at approximately. 6:00AM 5/26/2017.

**Registration Form**

e) (Circle On	OPTION 1: SENIOR	<b>\$130</b>	(due 1/2/2017)	\$ _____
	OPTION 2: Inst 3	<b>\$ 30</b>	(due 1/2/17)	\$ _____
	Sponsor another Grad: (tax deductible)			\$ _____
	Optional Donation: (tax deductible)			\$ _____
			<b>TOTAL:</b>	\$ _____

Caledonia Class of 2017 Grad Party

**PLEASE PRINT**

Student Name & Email: \_\_\_\_\_

Parent Name & Email: \_\_\_\_\_

Home address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent cell #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Alternate Contact Name/Phone: \_\_\_\_\_

**METHOD OF PAYMENT**

**1. Online with credit/debit card**

Online payment (*plus convenience fee*) available at:  
<http://caledonia-class-of-2017.my-free.website>

**2. By check or money order**

Checks payable to **Caledonia Class of 2017**  
 Drop payment to Main Office or mail to: CHS Class of 2017 9050 Kraft Avenue, Caledonia, MI 49316

**If you have any questions or would like to help please contact us:**  
[caledoniaclass2017@gmail.com](mailto:caledoniaclass2017@gmail.com)

**Office use only:** Date Rec'd \_\_\_\_\_ Payment & Method \_\_\_\_\_

# PERMISSION TO ATTEND

We, the Parent Planning Committee for the Caledonia Class of 2017 Grad Party, are dedicated to producing an alcohol, drug, and electronic-free event. We pledge to do our best to keep all participating graduates safe on graduation night. Any inappropriate behavior will be disciplined by immediate removal from the transportation vehicle or venue(s). If this should occur, parents will be called to pick up their son/daughter. If applicable, no refunds will be granted under these circumstances.

I/We hereby give permission for \_\_\_\_\_ to attend the Caledonia Class of 2017 Grad Party on Thursday, May 25, 2017. I/We acknowledge this Caledonia Class of 2017 Grad Party for the Caledonia Class of 2017 is not a school-sponsored event. We agree to follow the rules established by the Parent Planning Committee, which is composed of parents who have organized the party, and school rules already established. We assume all risks associated with attendance and participation at the event, and agree to hold Caledonia High School, Caledonia Community Schools, the Caledonia Class of 2017 Grad Party Parent Planning Committee and all volunteers harmless from any and all liability claims that may occur.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## MEDICAL RELEASE

Student Name & Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Cell \_\_\_\_\_

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

Emergency Contact (other than parents): \_\_\_\_\_ Phone \_\_\_\_\_

Medications/Chronic Illnesses/Allergies: \_\_\_\_\_

## CONSENT FOR MEDICAL CARE & TREATMENT

If I, \_\_\_\_\_ (graduate's parent/legal guardian) cannot be reached in case of any emergency, I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for \_\_\_\_\_ (student).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 or older on or before 5/25/17)

\_\_\_\_\_  
Date