

Pre-Registration

Please bring all registrations and payments to <u>NVHS office</u> or <u>mail to</u>:

North Vermilion High School C/O Dance Team 11609 LA Hwy. 699 Maurice, LA 70555

Note: If you are registering more than one child, you may pay with one check, but you must submit a form for each child.

No refunds will be given should your child not attend. This is a fundraiser to pay for team expenses for national competition.

Cash or Checks payable to: NVHS (North Vermilion High School) - \$25.00 Pre-Registration

Child's No	ame:	Grade:			
School:	CPE	ME\$	IBE\$		
Allergies/Important Info:					
Mother: _				Cell Number:	
Father: _				Cell Number:	

Thing; to Know

- Parent Night Out is a great opportunity for parents to leave their child/children in a safe, supervised location to enjoy a night out...dinner, movie, quiet time at home, or holiday shopping!
- NO REFUNDS will be given should your child not attend.
- NVHS Gym phone number is **893-4165** parents needing to contact staff regarding their child can call this number.
- Sign-in begins @ 5:30
- Doors will be locked @ 6:30 & doors will open @ 9:30
- All students MUST be picked up by 10:00
- <u>Pre-Registration</u> is **\$25.00** and must be received by <u>Thursday</u>, <u>December 10th</u>
- Registrations received on Friday, December 11th or at the door is \$30.00
- Registration cost includes meal and activities.
- Concessions will be sold separately for \$1.00 each and soft serve ice cream for \$2.00 per cup.
- <u>NO CELL PHONES</u> please, if your child must have a cell phone, it needs to be turned in at signin and will be given back at sign-out.
- All students will be expected to follow the rules of the event no running, no pushing/shoving, no roaming in unsupervised areas, and no cell phone use.
- Thank you for supporting our team and allowing your child to participate in our Parent Night Out!

NVH\$ Dance Team Parent Night Out

Medical Release and Permission for Participation

I hereby give my permission for my child, ______, to participate in all activities included in the Parent Night Out and waive the NVHS Dance Team and its directors of any injuries or illness incurred. I understand that the event involves physical activity and confirm that my child is in good physical health. I agree to the rules established. I authorize the directors of the NVHS Dance Team to act for me according to their best judgment in any emergency and verify that the information I have given, including contact numbers, is correct. I shall provide addition emergency contact information should I feel that I cannot be reached at any time during the event. I also acknowledge the no refund policy.

Parent Signature

Date

Emergency Contact Name (other than parent):

Emergency Contact Number: