

2019 Edison Senior All Night Party

Sponsored By *Edison Activity Council*

When? 9:00pm Saturday, June 1st until 6:00am Sunday June, 2nd

8:30pm check in for the bus at Edison.

8:45pm bus leaves Edison

All students must take the bus to and from the event

Families who believe their student has special circumstances in regards to transportation may contact Sarah at 612-408-3885.

Where? Emma B. Howe Northtown YMCA in Coon Rapids, 8950 Springbrook Dr, Coon Rapids, MN 55433

Cost? \$15/early ticket permission slip and \$ due by April 19th or \$20/ticket after April 19th

No refunds! Purchase from Beacons

Deadline? Must have permission slip and \$\$ in on or before the last day of school for seniors.

Rules & Regulations

1. A valid student ID required for sign-up **AND** bus/party admission
2. Edison Seniors **ONLY**
3. Student must be in good standing
4. All MPS, Edison High School and YMCA policies and expectations must be followed
5. No personnel will be available to administer medications
6. The YMCA has a pool. Towels are provided. Bring your own swimsuit.

In the event of an emergency, and you need to contact a chaperone, please call Sarah at 612-408-3885.

The number for Emma B. Howe YMCA is 763-785-7882

(Keep this top portion; return bottom portion)

Name: _____, Student ID# _____ has my permission to attend the *Senior Class All Night Party* on June 1-2, at the Emma B. Howe Northtown YMCA in Coon Rapids.

I understand my student:

- Must sign-up and pre-pay on or before the last day of school for seniors
- Must arrive at Edison no later than 8:30pm on Saturday, June 1st, and ride the bus
- Must ride the bus to and from the event
- Will not be permitted to leave until 6:00am on June 2nd (unless I have made prior arrangements)
- Must be in good standing per Edison High School student record

Name of Parent/Guardian _____ Relationship to Student _____

Parent/Guardian Address _____ Phone # _____

Alternate Emergency Contact Name _____ Alt. Phone # _____

This student has health concerns: Yes No If yes, please fill out the back of this form or attach health information form.

We/I understand the arrangements and believe the necessary precautions and plans for the care and supervision of the students during this activity will be taken. We/I understand that once admitted to the party the student will need to stay until the end of the party (unless in case of emergency) and there will not be any re-admittance if a person leaves. We/I understand that if any rules are broken at the *Senior Class All Night Party* that a parent/guardian will be contacted to pick up our/my student. Beyond this we will not hold the school or those supervising the activity responsible.

Student Signature

Date

Parent /Guardian Signature

Date

Health Information: Student Name _____

The following confidential information will be on file at the *Senior Class All Night Party*.

Adult chaperones will have access to this information.

Please list health concerns: _____
