



GOT SPREE? CLASS OF 2012

A Shorecrest Tradition for Seniors

WHAT? Senior Spree is an all-night graduation celebration sponsored by the Shorecrest PTSA and GRAD NIGHTS in the evening following the graduation ceremonies.

WHEN? (9:15pm) to (6am), June 17, 2012 (The evening of the graduation day ceremonies) Drop off student in the lower level of the LFP Mall in front of Chase Bank at 9:15pm.

WHERE? **TOP SECRET!!!** Spree venues will provide a safe, drug and alcohol-free environment.

WHY? Every year parents ask, "Why should we spend the \$ on Spree?" Statistics show graduation night is one of the most dangerous nights of the year for teenagers, and that teen accidents and deaths have dropped drastically in areas where high schools have organized drug and alcohol free graduation parties ON graduation night. There are many reasons Spree is worth every penny:

- Your piece of mind knowing your student will not be on the road!
- A chance to have fun at a drug and alcohol-free party.
- The last gathering of the class of 2012 -- an evening of laughter, tears and lasting memories -- before the students go their separate ways.

DETAILS: Payment covers round-trip transportation to 2 special locations, food and beverages, chaperones, security, and best of all, lots of activities, games and entertainment. No "extra" money is needed during the evening. The Senior Spree Committee has a goal of making this party as affordable as possible for every Senior. Tickets are priced well below graduation parties in years past, **but we need your help!** The party will be successful by: (1) signing up your Senior, and (2) having their friends sign up as well.

Please contact Heather Hahn at heather.hahn@shorelineschools.org or 206-930-3416 with any questions.

HOW? Online at shorecrestpta.org, scroll down and click on the **Spree** button to register

-or-

***** cut here and return portion below *****

Enclosed is a non-refundable payment to "Shorecrest PTSA Senior Spree 2012" for:

- _____ \$150 per ticket if paid in full by November 10, 2011 (or \$50 in three payments -Payment #1 11/10/12 Payment #2 2/15, Payment #3 4/15/12)
- _____ \$160 per ticket if paid between November 10 - February 15, 2012 (or \$80 in two payments - Payment #1 by 2/15, Payment #2 by 4/15/12)
- _____ \$175 per ticket if paid between February 16 - June 1, 2012 (or \$87.50 in two payments - Payment #1 by 3/31, Payment #2 by 6/1/12) If after 3/31- 6/1/12 payment plan has not been started payment of \$175 will need to be paid in full.

_____ I would really like to help another senior by donating \$_____ to the scholarship fund.**

** **Financial aid** is available to qualifying Seniors. Contact your school counselor.

Students Name: _____ Student e-mail: _____

Parent Name: _____ Parent e-mail: _____

Parent cell number: _____ Student cell number: _____

Address: _____

_____ I am a parent who would love to help for up to 2 hours with some part of the **planning, helping prior to, or during** Spree for our seniors.

You can bring your check and registration to the main office at Shorecrest

or

Mail your check with this registration form to:
Shorecrest High School PTSA Senior Spree 2012

15343 25th Avenue NE
Shoreline, WA 98155

PERMISSION TO ATTEND / HOLD HARMLESS AGREEMENT
SHORECREST HIGH SCHOOL CLASS OF 2012 GRADUATION

Your senior has asked to attend our drug-and alcohol-free graduation event. The event is designed to provide a fun, memorable experience that celebrates the culmination of the seniors' hard work and scholastic success. The Parent Planning Committee is committed to keeping it safe, drug- and alcohol-free, and will take all reasonable steps to ensure that the conduct of all seniors is in keeping with this goal. All seniors and their personal belongings will be searched prior to their gaining entry to this event.

In consideration of the services provided by the parents who participated on the Parent Planning Committee, the Howard Group, Inc., d/b/a *Grad Nights®*, and its officers, owners, employees, agents, contractors, entertainers, volunteers and all other persons or entities acting in any capacity on its behalf including the venues who host and provide services at the graduation event (hereinafter collectively referred to as the "Graduation Party Producers"), **the senior and parent/guardian agree as follows:**

I _____ parent/guardian) give my permission for _____ my child/ward, to attend the Senior Graduation Celebration event.

Senior and parent/guardian, agree to abide by the rules and directions established by the Graduation Party Producers. Any senior who is engaging in prohibited or undesirable behavior may be removed from the event, at the sole discretion of the Graduation Party Producers, whereupon the parent/guardian will be contacted and must pick up their senior from the graduation event location. No Refunds will be granted.

The senior and their parent/guardian agree to pay the full replacement cost for any and all losses or damage to any property that is directly or indirectly caused by the senior while participating in the graduation event.

Senior and parent/guardian understand that the Graduation Party is not a school-sponsored event, and that the School assumes no legal liability associated with the event. The senior and their parent/guardian signing this agreement hereby assume all risks associated with attendance and participation at the graduation event and agree to release, covenant not to sue and hold each member of the Graduation Party Producers harmless from any and all claims of any nature which may arise in connection with the graduation event including claims relating to acts or omissions of Graduation Party Producers.

In case of emergency, we their parent/guardian of the senior class member named below authorize all medical, surgical, diagnostic, and hospital procedures as may be deemed necessary and performed by a treating physician.

CONTACT INFORMATION

Student Name: _____	Date of Birth: _____
Parent Names: _____	Address: _____
Home Telephone: _____	Email Address: _____
Emergency Contact, other than parent(s)/guardian(s): _____	
Relationship to Student: _____	Phone Number(s) _____
Other household members who could be relied upon for information in the event of an emergency:	
Adults, 18 and Over: _____	
Young Adults, 14 – 18: _____	
Medications: _____	
Chronic Illnesses/Allergies: _____	Date of Last Tetanus Shot: _____
Insurance Provider: _____	

Additional provisions and signature lines are on the reverse side of this document. Please read all the terms of this agreement, provide the information requested in the contact information section above, and sign the reverse side of this form acknowledging your agreement to all terms set forth on both sides of this document.

