

The MAGNIFICAT NIGHT-IN-BLUE

Junior High

JUMP 'N

JIVE

Magnificat Gymnasium

November 5

6:30 — 9 P.M.

Admission \$10

Calling **ALL**
6, 7 & 8 Grade
BOYS and GIRLS!
Come!
Join in the **FUN!**

Bring **EXTRA** spending
\$\$\$ for the **PHOTO**
BOOTH & to play many
more games to win
GREAT PRIZES!

Come **EARLY**
with your family and enjoy
Pizza & Spaghetti.
Get **1 FREE** dinner coupon
when you sign up for the event.

The **FUN** includes:

- **D.J.**
- **Bingo**
- **Photo Booth**
- **Games, and much more!**

Magnificat High School • **JUMP 'N JIVE** Registration

Student Name

School

Grade

Male/Female

Parent Name

Mailing Address

E-mail Address

Emergency Phone Number

No student will be admitted
without his/her
completed registration form
and permission slip.

Return this registration form with your **SIGNED** permission slip
and your check for \$10 (*made payable to Magnificat High School*)
to **Magnificat High School, Attn: Jump 'n Jive, 20770 Hilliard Blvd., Rocky River, OH 44116**
by **October 28, 2011.**

MAGNIFICAT HIGH SCHOOL
20770 HILLIARD BLVD.
Rocky River, Ohio

PERMISSION FORM AND ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

Student Name: _____

Student School: _____ Grade: _____

I/We, _____ (Name of Parent/Guardian) and _____ (Name of Parent/Guardian), am/are the _____ (Father, Mother, Custodial Parent, Legal Guardian) of _____, a student at (student's first and last name) I/We hereby request permission for my/our daughter and/or son to attend the **Night-In-Blue Junior High Jump 'N Jive on Saturday, November 5, 2011 at Magnificat High School, 20770 Hilliard Blvd. Rocky River, OH 44116, 440.331.1572**, and I/we consent to my/our daughter and/or son's participation in such event. Attached hereto and incorporated as if fully rewritten herein is Exhibit 1, which describes the event. I/we understand that the activity fee for this event is **\$10.00**.

It is understood and agreed that should my/our daughter and/or son named above require emergency medical and/or surgical treatment because of an illness or injury that arises while my/our daughter and/or son is at Magnificat High School on the school-sponsored event, I/we authorize **Magnificat High School** to arrange for such emergency medical and/or surgical treatment and further authorize any doctor, hospital, or clinic selected by the above-authorized person or agency to render such treatment as, in his/her opinion, may be required.

It is further understood that if time permits (in the opinion of the above-authorized person or agency), reasonable attempts will be made to contact me/us at the telephone number(s) listed below so that I/we may select and authorize a doctor, hospital, or clinic by whom or at which the above-authorized person or agency shall arrange for my/our daughter's emergency treatment.

(Parent/Guardian Signature) _____ (Home phone number)

(Cell phone number)

(Parent/Guardian Signature) _____ (Home phone number)

(Cell phone number)

Date of last Tetanus shot: _____

Allergies: _____

List medications currently taking: _____

Student may carry and take medication on her own: _____ (please initial)

Hospitalization Insurance Carrier: _____

I/we recognize and acknowledge that all such school-sponsored activities carry a certain risk of personal injury. In consideration of my/our daughter and/or son being allowed to participate in this school-sponsored experience and its related events, activities, and transportation, on behalf of my/our daughter and/or son, my/our heirs and assigns, my/our executor, my spouse, and myself, I/we hereby assume all risks in connection with the event and further release, waive, discharge, and relinquish any and all claims, judgments, liability (of any nature or extent) which may arise out of or related to my/our daughter's and/or son's participation in this school-sponsored event and otherwise indemnify and hold harmless Magnificat High School, its Board of Trustees and individual members, administrators and school officials, teachers, employees, agents, and volunteers from any and all claims, judgments, and liability by or on behalf of my/our daughter and/or son, myself, and my spouse for any injury, loss, or damage(s) due to my/our daughter's and/or son's participation in the school-sponsored event, including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I/we acknowledge that it is my/our responsibility to provide adequate health insurance for my/our daughter and/or son while participating in the event.

I/we fully understand what is involved in this school-sponsored experience, and I/we understand fully that I/we have the opportunity to call Magnificat High School and inquire about the details of the event.

I/we hereby accept the above authorization and agree that my/our daughter and/or son may participate in the event described in the attached Exhibit 1 according to the rules and guidelines outlined by Magnificat High School.

(Parent/Guardian Signature) _____ (Date)

(Parent/Guardian Signature) _____ (Date)

I hereby accept the above authorization and agree to participate in the event described in the attached Exhibit 1 according to the rules and guidelines outlined by Magnificat High School.

(Student Signature) _____ (Date)