

Class of 2017 Project Graduation Registration Form

Completed forms are to be dropped off, along with payment, at the DHS Main Office

Place: Spirt Cruises
200 Seaport Blvd, Suite 75
Boston MA, 02210

Date: June 8 - 9, 2017
Time: 10:00 PM to 5:00 AM

Project Graduation Advisor: Bethann Cancellieri
b.cancellieri@dover.k12.nh.us
Principal: Peter Driscoll
25 Alumni Drive
Dover, NH 03820
Phone: 603-516-6900
p.driscoll@dover.k12.nh.us

STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ M/F

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

This is to certify that the above-named student understands and will comply with the stated rules governing Spirit Cruises and Project Graduation:

- All participants must ride to and from Boston on the official bus
All participants must remain with the group for the entire event
No smoking is allowed anywhere on the property
Abusive language is not permitted
In case of illness, participants will be brought to the nearest emergency room
Any participant found to be in possession or under the influence of drugs or alcohol will result in parent/guardian being called and participant will be sent home
Please remember to be safe and have a wonderful time

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

I, parent/guardian of the student registered for this event agree that I, and the student, will abide by the rules of Project Graduation, it affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with this event, I hereby release, discharge, and otherwise indemnify Project Graduation, Dover High School and Regional Career Technical Center, affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the student/registrant as a result of the student's participation in the event and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Guardian (print) \_\_\_\_\_ Signature: \_\_\_\_\_

PAYMENT INFORMATION

Registration Fee: \$20.00 per student

Please make check payable to: Dover High School with a memo of Project Graduation

IF PAYING BY CHECK PLEASE ISSUE A SEPARATE CHECK FOR EACH EVENT.

For Office Use: Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ CK #: \_\_\_\_\_ Cash: \_\_\_\_\_ Amt: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Complete only if student is under 18: As parent or legal guardian of the above-named student, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian Signature