Northview Class of 2027 Senior All Night Party (SANP) Registration Form

Please fill out the following form and return to the school or e-mail (northviewsanp@gmail.com)

Student's Name: _____ Phone number: _____

Home Address: _____

Parent's Name: _____ Parent's E-mail: _____

___ Enclosed a check, money order or cash for the full payment
___ Paid online via NVSANP.com
___ Paid via Venmo for the full payment
___ I need assistance paying the SANP registration fee

I give permission for my son/daughter _____ to attend the 2027 Senior All Night Party. I agree that the SANP committee, volunteers, Northview Public Schools and/or their employees will not be held responsible for any accidents or loss of personal property, regardless of the case. I agree to release the SANP committee, all volunteers, Northview Public Schools and/or their employees from all claims and/or damages which may arise as a result of such accidents or loss.

➡ Parent Signature: _____ Date: _____

➡ Student Signature(if over 18): _____ Date: _____

I, _____, a soon to be graduate of Northview High School Class of 2027, have read and understand the Admission, Rules, Party Times and Other Information listed on https://nvsanp.com/registration/. I know this information is written to make this celebration a success for all, and I will abide by these guidelines the night of the party.

➡ Student Signature: _____ Date: _____

EMERGENCY AND MEDICATION PERMISSION SLIP

I give permission to the medical volunteers to provide medical treatment in the event of an emergency. This also includes providing aspirin, non-aspirin, or antacids as needed. Any prescription medication needs to be in a plastic baggie, with the graduate's name and instructions with your signature inside the baggie and given to a designated SANP volunteer.

In case of emergency, I prefer _____ hospital.

Special needs/allergies that volunteers need to know about my child:
_____

Parent/Guardian Signature: _____
Student Signature (if over 18): _____

During the Senior All Night Party, if I cannot be reached, please contact the following person in the case of emergency:

Emergency Contact Name & Phone Number: _____