

# Walk For Assumption FRESHMAN SLEEPOVER 2018

Thursday, September 27th  
Assumption Gym



## Important Walk Sleepover Details

(Collection Dates: September 17<sup>th</sup> -26<sup>th</sup>)

Please keep this sheet for directions and reference!

Questions: Please contact Dawn Deweese ( Guidance Program Director) at [dawn.deweese@ahsrockets.org](mailto:dawn.deweese@ahsrockets.org)

- To participate in the Freshman Sleepover you must turn in **3 Rocket Raffle tickets, your signed Walk Waiver and your signed Freshman Sleepover permission form.**
- You must participate in the Walk to attend the Freshman Sleepover.
- **FRESHMAN SLEEPOVER PERMISSION FORM (attached)** – everyone must return a form stating I WILL attend or I WILL NOT attend in order to account for all Freshmen.
- **TIME/REGISTRATION:** Arrive for registration between **8:00 – 8:30 p.m.** If you will arrive late due to a sporting event or other circumstances, you need to note this information on your attached permission slip. No one will be admitted late unless a note has been made on your permission slip in advance.
- **LOCATION:** Freshman Sleepover takes place in the AHS Gym. Register in the lobby. *Use the same entrance as carpool drop-off.*
- **PICK UP TIME:** You will be dismissed following the Walk on September 29<sup>th</sup>, at approximately 11:15 a.m. using regular carpool procedures.
- **COST/PAYMENT: \$5.00** Includes Pizza, Drinks and Breakfast. Turn in your \$5.00 fee with your Freshman Sleepover Permission Form. Cash or Check (payable to AHS) **Please do not add the \$5.00 fee to the purchase of a Rocket Raffle Ticket.**

## WHAT TO BRING TO THE SLEEPOVER

- Sleeping Bag
- Personal toiletries (wash cloth, towel, toothpaste, toothbrush, etc.)
- Pillow
- Sleeping Clothes
- Clothes to wear to the Walk
- **Walk T-shirt**

- Snack (optional)
- Fabric Markers/Sharpies to decorate your Walk T-Shirt – **ABSOLUTELY NO PAINT OF ANY KIND – no puffy paint or glitter paint allowed. ONLY MARKERS!!**

Walk for Assumption  
**FRESHMAN SLEEPOVER 2018**  
 Thursday, September 27<sup>th</sup>



**PERMISSION FORM**

Your daughter's permission form must be returned to the cafeteria during student collections indicating whether she **will or will not** attend the sleepover. If she is attending the sleepover, she must return the signed Walk Waiver, signed Sleepover Form, \$5.00 fee and 3 SOLD Raffle Rocket tickets by September 28<sup>th</sup>.  
**(Collection Dates: September 17<sup>th</sup> -26<sup>th</sup>)**

**NAME:** \_\_\_\_\_

**HOMEROOM:** \_\_\_\_\_

**CIRCLE ONE of the TWO OPTIONS BELOW:**

A parent/guardian signature is required to acknowledge your awareness of the event and your decision for your daughter to participate or not to participate.

***YOUR SIGNATURE IS NEEDED BELOW AS ACKNOWLEDGEMENT OF THE EVENT***

*Student Acknowledgement*

**I WILL / WILL NOT** be attending the FRESHMAN SLEEPOVER

**PLEASE FILL OUT THE FOLLOWING INFORMATION FOR YOUR DAUGHTER.**

I, the parent/guardian of (student) \_\_\_\_\_, consent to allow for her participation in the Freshman Sleepover on Thursday, September 28<sup>th</sup> with the details of the event noted on the attached information sheet. In consideration for making arrangements for this event by Assumption High School, I hereby release and save harmless Assumption High School and any and all employees of the school from any and all liability for any injuries, loss, or other claims resulting from this activity. The undersigned parent/guardian and participant agree all responsibility for the risks, conditions, and hazards which may occur whether or not they are known. By signing this acknowledgement and assumption of risk and release as the parent/guardian, I am consenting to my daughter's participation and acknowledge that I understand any and all risk, whether known or unknown, I expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

**(Signature required for ALL students attending or not attending the Freshman Sleepover)**

**PRINTED NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**(Information required if your daughter is ATTENDING the Freshman Sleepover)**

Phone number where parent/guardian can be reached during the Freshman Sleepover \_\_\_\_\_

Emergency Contact Name (in case parent cannot be reached) \_\_\_\_\_

Emergency Contact Number (in case parent cannot be reached) \_\_\_\_\_