



# SENIOR ALL KNIGHT PARTY 2024 REGISTRATION FORM

JUNE 5th, 10 PM–4 AM, BOWLERO (meet at Irondale HS)

- \$70.00 NOW – April 9<sup>th</sup> BEST PRICE!!!!
- \$80.00 April 10<sup>th</sup> – May 14<sup>th</sup>
- \$90.00 May 15<sup>th</sup> – May 28<sup>th</sup>
- \$100.00 May 29<sup>th</sup> – June 5<sup>th</sup>

Student Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone Number/Emergency Number for Night of Party: \_\_\_\_\_

All seniors are invited to attend the All Knight Party. Transportation\*\* is included from Irondale to Bowlero and back. The registration fee includes bowling, games, casino, bingo, laser tag, food/dessert, raffle/prizes. Times and offerings are subject to change per availabilities. Changes will be communicated. **\*\*Bussing from Irondale is required.**

**IMPORTANT INFO: \*Limited participants allowed per guidelines. First come, first serve.**

- Make **Check** payable to "Irondale Senior Party"
- Fill out **Registration Form** with **Parent/Guardian Signature on the Medical Waiver** portion of this form
- Drop off **Payment** and **Signed Registration Form** at the **Irondale Front Office** or **Mail** to:  
**AKP 2024**  
**c/o Irondale High School**  
**2425 Long Lake Rd, New Brighton, MN 55112**
- If you wish and are able, additional money can be added to your registration as a donation towards the party or supporting other students. Please indicate this donation: \_\_\_\_\_ . Many thanks!

### 2024 All Knight Party Medical Waiver

The undersigned understands that participation at the All Knight Party is completely voluntary and that the activity is being offered for the participant’s benefit. For the health and safety of all participants, any protocols will be in place as required and the participant agrees to follow the procedures set forth by the All Knight Party Committee which includes understanding that the event is a lock-in, with release at 4:00 AM on June 6, 2024. The undersigned agrees that the All Knight Party Committee shall not be liable for any claims, injuries, and damages of whatever nature, incurred by the participant due to negligence of the Committee, its agents, or volunteers arising out of, or connected with, the All Knight Party. The undersigned expressly releases and discharges the All Knight Party Committee and volunteers or medical emergency personnel to treat or to seek additional medical care for the student.

\*Parent/guardian signature required for students under 18 years old at the time of signing.

**Medical Information – Please Print Clearly (submit an extra page if necessary)**

Student Birthdate:
Known Allergies: <span style="float: right;">Gluten free: Y or N</span>
Current Medications the Student Takes:
Current Medical Conditions to be Aware of:
Medical Insurance Company Name:
Insurance Phone Number: <span style="float: right;">Insurance Policy Number:</span>

(This sensitive and private information will only be shared with necessary health professionals.)

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

Parent/Guardian Signature (for those under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Questions can be directed to Ruth Mahlum at: [IDHSAKP2024@gmail.com](mailto:IDHSAKP2024@gmail.com) or 612-207-7008 (text)