



SENIOR ALL KNIGHT PARTY 2025 REGISTRATION FORM

JUNE 2ND, 10 PM–4 AM, BOWLERO (meet at Irondale HS)

- \$70.00 NOW – April 11th BEST PRICE!!!!
- \$80.00 April 12th – May 10th
- \$90.00 May 12th – May 30th
- \$100.00 June 2nd

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.**

- 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 2025
c/o Irondale High School
2425 Long Lake, 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!

2025 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 3, 2025. 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. The undersigned agrees that any photos taken at the event may be used to promote future events.

*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:	Gluten free: Y or N
Current Medications the Student Takes:	
Current Medical Conditions to be Aware of:	
Medical Insurance Company Name:	
Insurance Phone Number:	Insurance Policy Number:

(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: IDHSAKP2025@gmail.com