

# Mardi Gras Dance - Guest Registration

SOUTH FAYETTE - BEST BUDDIES - FEBRUARY 17, 2022

Name: \_\_\_\_\_

Role: *(student, former student, staff, family member)*

School District / Facility: \_\_\_\_\_

Name of guest(s) you are accompanying: \_\_\_\_\_

Contact information: *(if under 18, please provide parent/guardian phone/email)*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical/Emergency Information

Medical Needs: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Treatment Authorization:

In the event an emergency situation should arise during the dance, I give the staff at South Fayette High School permission to seek medical attention for me. *(check one)*

Yes, I give permission.

No, I do not give permission.

### Photo Release:

I give permission for my photo to be taken at the South Fayette Mardi Gras Dance and for those photos to be used in school or local publications, on the school website by the staff at South Fayette School District and on the Best Buddies social media accounts.

Yes, I give permission.

No, I do not give permission.

Signature: \_\_\_\_\_