



THS PROJECT GRADUATION 2010 REGISTRATION

Project Graduation has become a tradition at Terry High School. The purpose of this nationwide movement is to keep high school seniors safe on the night of their graduation. The objective of **Project Graduation** is to provide a drug and alcohol free celebration that keeps the graduates together and safe on graduation night. Towards this purpose, the parents of graduating seniors at Terry High School bond together to raise funds and provide this fun filled celebration for our children to celebrate this milestone in their lives.

Monthly parent meetings are held at **WYNNDALE BAPTIST CHURCH** on the **2nd Thursday** of each month at **6:30 p.m.**

For additional information please contact:

Terry Champion at tchampion1105@aol.com or (601) 259-1018

Pam Winkler at pammywink@gmail.com or (601) 720-8788

Information and registration packets are available @ <http://www.ths2010.com>

DONATIONS can also be accepted on the website.

A **\$50 registration fee** and completed registration packet
is due **by March 12, 2010.**

After that date, **\$60** will be due **NO LATER than April 9, 2010.**
We strongly encourage you to sign your senior up as early as possible!

Please make your check payable to:
THS Project Graduation – 2010

The registration packet (completed registration form, medical release, and payment) will be accepted at monthly parent meetings or at the following address:

Caroline Jacobs
1416 Forbes Dr.
Byram, MS 39272

No partially completed packets please!

Volunteer T-shirts

Parents may also order a Project Graduation shirt for \$15.00. If you know you'll be volunteering graduation night at the time of registration, please indicate it on the registration form. We will have different color shirts for the adult volunteers. Design, order, and delivery date for all shirts TBD.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE!



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THS PROJECT GRADUATION 2010 REGISTRATION FORM

Please complete the following:

SENIOR NAME: _____

PARENT NAME(S): _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

A \$50 FEE PER STUDENT ALLOWS YOUR SON OR DAUGHTER TO PARTICIPATE IN THIS FUN FILLED NIGHT WITH THEIR CLASSMATES AND FRIENDS.

~ T-SHIRTS ~

Senior Project Graduation T-shirts will be included in the student fee. Parents who know they will be volunteering graduation night may order a Project Graduation T-shirt for an additional \$15.00. Please indicate the sizes needed below. We will have different color shirts for the adult volunteers. Design, order, and delivery date for all shirts TBD.

Circle Your Choice of Adult T-Shirt Sizes

SENIOR:

Small Medium Large X-Large XX-Large

VOLUNTEER:

(if applicable)

Small Medium Large X-Large XX-Large

~ PHOTOS ~

THS Project Graduation 2010 has my consent to publish approved (by committee) photos of senior named above on the website and in the senior video/slideshow.

Signature (Parent/Guardian)



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MEDICAL RELEASE FORM

I, _____, am the parent and/or guardian of
_____ (Senior). I have signed _____ (Senior) up to
participate in PROJECT GRADUATION – 2010 with Terry High School. In the event of any type of medical
emergency and/or accident, I give my permission to the Project Graduation committee members to seek
immediate medical treatment for my (son/daughter/ward) _____ (Senior).

I also understand if I am not present at the time care is rendered, attempts will be made to contact me
as soon as possible. I am listing below any special medical conditions, known drug allergies or
medication(s) (my son/daughter/ward) _____ (Senior) is presently taking
(IF NONE INDICATE BY WRITING NONE). _____

I further understand by providing said information, it will be handled confidentially. Also, I understand
this MEDICAL RELEASE is only for the night of GRADUATION to include early morning hours following, at
this time believed to be May 25 – 26, 2009, and only after my son/daughter/ward _____
(Senior), is in the care and control of the PROJECT GRADUATION COMMITTEE. As the parent/guardian
of _____(Senior), I will not hold any member of PROJECT GRADUATION
COMMITTEE personally responsible for any medical emergency and/or accident. I further acknowledge
that I am responsible for all costs/charges associated with said medical care rendered to my
son/daughter/ward _____ (SENIOR).

PRINTED NAME (PARENT/GUARDIAN)

DATE

Signature (Parent/Guardian)