Dear Parents,

Delone Catholic High School Student Council will be hosting their annual "Delone in the Dark Nights" for students in sixth and seventh grades. There will be games, food, prizes, and the popular scavenger hunt in the dark. The students will be making their own pizza using various toppings. In order to keep your child safe, we ask that they wear sneakers. No flip-flops are permitted.

We feel this is a great opportunity for area middle schoolers to meet one another and become familiar with the Delone Catholic community. This event is open to any sixth or seventh grader. Students do not have to attend a Catholic School to participate. We encourage your son/daughter to bring their friends. Extra forms may be found on the Delone Catholic website (www.delonecatholic.org) or picked up in the Main Office. The boys' night will be held on Friday, April 6, and the girls' night will be held on Friday, April 13. Students are to be dropped off in the lobby using the student parking lot next to the Lawrence B. (Sonny) Sheppard , Jr. Memorial Gymnasium from 6-6:30 p.m. Pick-up times will be from 10:15-10:30 p.m.

If your son or daughter has any prescription medication (including inhalers), please put the medicine, along with instructions of use, in a clear plastic bag with the child's name on it. Medications will be collected and kept under lock and key during the evening.

Please do not bring iPods, Nintendo DS's, MP3 players or any other electronic device. The student council would appreciate it if your son/daughter left his/her cell phone at home to avoid losing it or for any misuse that may occur. If your son/daughter brings a cell phone we will keep the phone until departure. This is just to prevent loss or misuse by anyone present. **If you need to call your son/daughter please call the school phone 717-637-5969. Delone Catholic High School will not be responsible for any money, cell phones or other electronic devices that are lost, stolen or broken.**

To register your son/daughter for this fun night, please send the completed permission slip/emergency contact form and small $5.00 fee (to help cover the cost of food) by March 23 to:

<div align="center">

Delone Catholic Student Council
140 South Oxford Ave.
McSherrystown, PA 17344

</div>

After March 23, the cost will be $10.00. NO REGISTRATION will be accepted past March 31, 2018.

If your son/daughter would like to attend but your family is having financial difficulties please, let us know and we will locate a sponsor for your son/daughter. **If you have sent in your registration form and can no longer participate please call the school and let us know as soon as possible. Please contact Mrs. Lori Heberling at 717-637-5969 ext. 344.**

We hope that your son/daughter will attend this fun night. Thank you for your continued support of Delone Catholic.

Sincerely,

The Delone Catholic Student Council

Delone Catholic High School
Permission to Participate in Delone in the Dark Night
Boy's Night – April 6, 2018
Girl's Night – April 13, 2018

Please return this form and the $5.00 registration fee in an envelope to:

Delone Catholic Student Council
140 South Oxford Ave.
McSherrystown, Pa 17344

By March 23, 2018
After March 23, 2018 registration is $10.00. No registrations will be accepted after March 31, 2018.

Student's Name:								
Grade:				Current School:				
Check one:	Girls' Night	☐	Boys' Night	☐				
Parent/Guardian's Name								
T-Shirt Size *(please check one)*	AXS	☐	AS	☐	AM	☐	AL	☐

Parent Release

In consideration of my son/daughter _____,
being allowed to participate in Delone in the Dark Night, I hereby release and forever discharge the Delone Catholic High School, Diocese of Harrisburg (and any diocesan or school officers, agents, employees) from any and all action or suits of equity which I might hereafter have by reasons of injuries sustained by my son/daughter while participating in Delone in the Dark Night Activities. I also grant permission to those listed below to render to my son/daughter whatever medical treatment or hospital care they may deem necessary by:

1. Any physician, surgeon or medically trained personnel in good standing whose services are enlisted by the Principle, or the moderator of the Delone in the Dark Night Activities.
2. Any approved hospital

Parent/Guardian Signature		Date	

(over)

Relationship Emergency Information

Primary Emergency Contact Person's Name:	
Relationship:	
Address:	
Telephone:	
Secondary Emergency Contact Person's Name:	
Relationship:	
Address:	
Telephone:	
Family Physician's Name:	
Physician's Telephone:	
Student's Food Allergies:	
Student's Medication Allergies:	
Student's Health Conditions of which an Emergency Physician should be aware:	
Student's Prescription Medications:	