

## Introduction

Dry Grad is a non-sanctioned school event which provides students with a safe, drug- and alcohol-free environment to celebrate their graduation. It will be held on Friday, June 3, 2022 after the grad celebrations. It is a fully supervised fun event, sponsored and fundraised by the parents. It's a place where the grads can party with their friends, win prizes, be entertained and participate in a fun-filled, action-packed night of celebration.



There is a tremendous effort being brought forward by students, the school, and volunteer parents. But in order to make this event successful, we need more parent volunteers. If you can offer up your time, money, muscle, or mind, please email Co-Chair Kerri Deane [kgdeane@telus.net](mailto:kgdeane@telus.net) with what you are able to offer. Any amount of help (small or large) is very much appreciated!

Keep up with us on Instagram at [@dssdrygrad](https://www.instagram.com/dssdrygrad) and our private Facebook group [DSS Parents](#).

## Suggested Plan for Friday, June 3 / Saturday, June 4, 2022

- 2:30pm Limos / cars / buses assemble (51st Street & student parking lot)
- 3:00pm Red Carpet Walk commences. Students walk down in formal attire by entrance of DSS.
- 4:30pm Grad Group Photo Outside by Red Carpet
- 6:00pm Grad Dinner, Program & Dance (Tsawwassen Springs, hosted by students/school) *\*ticket information to come*
- 11:00pm Dry Grad Check-In (Ladner Community Centre) *\*No entry after 12:00am. Food, drinks, entertainment, prizes.*
- 4:00am Doors open for students to leave. Students will not be permitted to leave earlier without parent consent

All graduation festivities are drug- and alcohol-free as well as smoke/vape-free. Any student who chooses to use or be under the influence of alcohol or drugs will be sent home, (parents will be contacted for pick up). **Plans subject to change based on the policies and protocols outlined by the Public Health Office.**

## Registration

Attached to this letter are three forms. Please complete and return them along with your payment as soon as possible. All forms returned by **APRIL 1, 2022** will be entered to win two (2) front row seats to the red carpet event.

1. DSS Dry Grad Registration Form
2. DSS Dry Grad and Grad Walk 2022 Waiver
3. Houle Acknowledgement of Risk Statement

Put the forms (and cheque – if applicable) in an envelope with the student's name and student number on the front and drop it off in the box located in the school office or mail to Delta Secondary at 4615-51 Street, Delta BC V4K 2V8

**The cost for this evening is about \$250 per student. We are asking for \$100 of this cost to be covered by each grad/parent. Payments can be made via:**

1. E-transfer (preferred) - send \$100.00 to [treasurer@dssgrad.com](mailto:treasurer@dssgrad.com) We are registered for auto-deposit. Put your child's name and student number in the message space.
2. Cheque: Make out cheque for \$100.00 to "DELTA SECONDARY DRY GRAD"

We are committed to making this an accessible event for all graduates. If you are not able to make this payment, please contact Michelle Halket, Treasurer, at [michellehalket@me.com](mailto:michellehalket@me.com)



## DSS 2022 DRY GRAD REGISTRATION FORM

**All grads MUST be registered in advance to attend.**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone number(s) during the Dry Grad Event: \_\_\_\_\_

Medical Concerns (allergies, etc.) \_\_\_\_\_

T-Shirt Size: S M L XL XXL

May we contact you (parent) about volunteering at the Dry Grad Event? Y / N

I hereby give permission for \_\_\_\_\_ to participate in all activities provided at the DSS 2022 Dry Grad at their own discretion. I will not hold any DSS 2022 Dry Grad Committee member or event volunteer responsible for any harm that may come to my child as a result of this event.

X \_\_\_\_\_  
Parent/Guardian signature

I have read and agree to adhere to the rules on the attached DSS Dry Grad 2022 Waiver.

X \_\_\_\_\_  
Student signature

Contribution Fee \$100 (Cheque attached) **OR** E-transfer completed on \_\_\_\_\_



## DSS Dry Grad and Grad Walk 2022 Waiver

**All Dry Grad students and parents must sign this waiver in order for the student to receive a ticket to the event.**

The intention of this waiver is to ensure that all DRY GRAD student attendees experience a fun, respectful and safe series of events during the 2022 Graduation Celebration.

I, (student-print your full name) \* \_\_\_\_\_ agree to adhere to the following SEVEN (7) Grad Walk & Dry Grad expectations:

1. I will not attend the 2022 Grad Walk or Dry Grad event while under the influence of, or be in the possession of ALCOHOL or DRUGS.
2. I agree to arrive at the Dry Grad event between 11:00pm and 12:00 am. I understand the doors will be closed at 12:00am and I cannot enter after that time.
3. I agree that I will not be allowed back to re-enter Dry Grad once I leave the event: *see note below*
4. I understand that my entrance into DRY GRAD is not guaranteed if I am found in possession of or under the influence of ALCOHOL or DRUGS and that my parents/guardians will be called to pick me up.
5. I understand that if I choose to leave prior to 4:00am that a parent/guardian will have to be contacted and that arrangements for transportation must be made. (We have an agreement with the City of Delta that we will not release any students directly onto the street prior to 4:00am)
6. I understand that I must be present at the Ladner Community Centre to claim ANY prizes.
7. Depending on PHO orders at the time of the event, I may be required to provide a vaccination passport and proof of vaccination.

**This waiver must be signed by both the student and parent and returned on or before the time of picking up the Dry Grad ticket.**

\*STUDENT SIGNATURE: \_\_\_\_\_

\*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

\*PARENT/GUARDIAN: \*Phone number you can be reached at during the Dry Grad event:: \_\_\_\_\_

I have the following special needs request related to the Dry Grad Event.

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GAMES & ENTERTAINMENT #29 - 1833 Coast Meridian Rd, Port Coquitlam, B.C. Canada V3C 6G5 Phone (604) 474-0359 Fax (604) 474-0379

## **ACKNOWLEDGMENT OF RISK STATEMENT**

In consideration of Houle Games and Entertainment Ltd. (hereafter "Houle") allowing my/my child to participate in its activities:

### **AS A PARTICIPANT OR PARENT/GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:**

Houle provides equipment for activities including but not limited to Mechanical Bull Ride, Kids Bouncers and Slides, Inflatable Games, Carnival and Picnic Games, Casino Rentals, Arcade and Video Games, Sports Simulation Games, Laser Tag, Sports Bar Style Table Games, Money Booth and Photo Booth Rentals, Specialty Artists and Entertainers, Music Services (referred to herein as "activity"). More information on the activities can be found on our website at [www.houlegames.com](http://www.houlegames.com).

Participation in an activity entails known and unanticipated risks that could result in physical or emotional injury or damages to my/my child, to property, or to third parties. Such risk cannot be eliminated without jeopardizing the essential qualities of the activities.

The risks of these activities include but are not limited to sprains, torn muscles and/or ligaments; fracture or broken bones; dental damage; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; oxygen shortage (anoxia); head, neck, and/or spinal injuries; shock; paralysis and/or death.

These risks may be caused by falls, collisions and close contact with other participants and fixed objects, fatigue, psychological stress, equipment failure, and my/my child's sense of balance, physical coordination, and ability and willingness to follow instructions. Some participants experience an increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, or a fear of heights.

All of the activities are voluntary.

It is the responsibility of the participant to limit his or her participation in any way he/she deems appropriate. Houle does not make a determination of a participant's fitness for an activity; rather, the participant represents to Houle and verifies that he/she is physically fit and ready for an activity, and that the activity is suitable for the participant.

The participant agrees to comply with all rules and directions made or given by Houle and its employees, volunteers, assistants and contractors in connection with the activity. I am aware that Houle does not carry medical or dental insurance for the participant, and it is my responsibility to arrange for insurance for the participant as I see fit.

**For the parent:** I have discussed these risks with my child. My child understands and acknowledges these risks. My child also understands that he or she assumes these risks in the event he or she decides to participate in an activity.

**Please read and complete page 2 of this form (Page 1 of 2)**



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**ACKNOWLEDGMENT OF RISK STATEMENT**

**AS A PARTICIPANT OR PARENT/GUARDIAN, I AGREE:** In the event of an accident requiring medical attention at an activity supervised by Houle, I authorize Houle and its agents to render or seek emergency or first aid assistance for my/my child and to release medical information and incident reports to insurance providers and other persons or authorities deemed appropriate by Houle.

To the use of my/my child’s image in any photograph, video recording, or Web page of Houle.

Should any part of this acknowledgement be declared unenforceable by a court of competent jurisdiction, the remainder of this acknowledgement shall be in full force and effect.

Participant Name (PRINT) \_\_\_\_\_

(H) Phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (C) Phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Booking/Organization Name: **Delta Secondary School 2022DeltaSecondary0603** Event Date: **Friday, June 3<sup>rd</sup> – Saturday, June 4<sup>th</sup>**

EMERGENCY CONTACT (PRINT) \_\_\_\_\_

(H) Phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (C) Phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**By signing this document, I acknowledge that I have read and fully understand both pages of this document and that the information I have provided is disclosed accurately and truthfully.**

**I UNDERSTAND THAT PARTICIPATION IS AT ONE’S OWN RISK.** Participant Signature \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **PARENT SIGNATURE**

**REQUIRED IF PARTICIPANT IS UNDER NINETEEN (19) years of age.**