**ISLAND FEVER**

**Junior High Dance**

**Archbishop Murphy High School**

**Friday May 15th**

**7:30 pm – 10:30 pm**

MC900411948-1.WMFMC900198603.WMF

**Professional DJ**

**$8.00**

**Permission Slip Required**

**Friends Welcome!**

**Hosted by**

**Archbishop Murphy High School Parent Association**

**Island Fever Junior High Dance**

Friday, May 15thd 7:30 – 10:30 pm

Archbishop Murphy High School – Grace Hall

12911 39th Avenue SE Everett

**7th& 8th Grade Students from Snohomish County Deanery Schools and Parishes:**

Immaculate Conception, St. Mary Magdalen, St. Thomas More, Holy Rosary,

St. Brendan, St Pius X, St. Michael, St. Elizabeth Ann Seton

**PERMISSION SLIP**

Student Name:

Parent Name:

Address:

Cell Phone: HomePhone:

Alternate Pick-up Name:

Alternate Pick-up Number:

School/Parish Name:

Archdiocese Code of Conduct and Dress Code apply (i.e. No spaghetti straps/halter tops/bare midriffs or backs.

Tank tops are “ok” as long as they cover undergarments. No offensive logos of an alcohol/tobacco or sexual nature.

Skirts need to come to the top of the knee. If you are dressed inappropriately you will not be allowed into the dance).

Permission Slip is required for entry.

Non-conforming students will not be admitted.

Disruptive students will be segregated and parents called for pick-up.

Backpacks and/or purses will be held in a control room upon entry.

Please be sure that your child has a pre-arranged ride home after the dance and please be here before 10:15.

Parent and Student signature below accept Archdiocese Code, agree to abide by Archdiocese & AMHS rules and accept the consequences of failure to do so.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

By my signature below, I give permission for my child to participate in this activity. I release the Archdiocese of Seattle, Archbishop Murphy High School, and all persons involved from financial responsibility for any injury incurred as a result of this event. I hereby authorize emergency medical treatment to be performed (list any exceptions):

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**Hosted by Archbishop Murphy High School Parent Association**

**Questions? Please call Jon Milkey 206-334-4318**