



PLEASE PRINT

MILES MACDONELL COLLEGIATE
2019 SAFE GRAD

Please submit this form by Friday, May 24, 2019

REGISTRATION & DESIGNATED DRIVER FORMS FOR GRADUATES

Graduate's Name: _____

	GRADUATE
Address	
Home Phone #	
Cell Phone #	
Email Address	
Date of Birth (DD/MM/YY)	
MB PHIN (9 digit)	
Other Health Provider ¹	
Policy # ¹	
Allergies/Medical Issues	
Date	

¹Other Health Insurance Provider information only required for exchange students.

GRADUATE'S PARENT/GUARDIAN INFORMATION

	Mother/Guardian	Father/Guardian	(OFFICE USE ONLY) P/G Contact
Name			
Address			
Home Phone #			
Cell Phone #			
Email Address			

EMERGENCY CONTACT (In case parent/guardian cannot be reached on June 28/29, 2019)

Name	
Relationship	
Cell Phone #	
Home Phone #	

This information will be kept confidential and the form will be shredded after the event.

DESIGNATED DRIVER FORM GRADUATES

MILES MACDONELL COLLEGIATE
2019 SAFE GRAD

Graduate's Name: _____

PICK-UP AT THE END OF THE EVENT:

DD Name		(OFFICE USE ONLY) DD Contact
Address		
Home Phone #		
Cell Phone #		
Email Address		
Relationship		
<p><i>As a Designated Driver, I agree to take all precautions to provide the above named attendee a safe ride home from the Miles Macdonell Collegiate 2019 Safe Grad. I agree that I will not consume any alcoholic beverages or illegal drugs on June 28/29, prior to picking up the attendee. I am 21 years of age or older and hold a valid full driver's license. I understand that I will be asked to present my driver's license and that the above attendee will only be released to the Designated Driver named above. I agree to be available at the above telephone numbers and to pick up the attendee at any time requested, but no later than 4:30 am on June 29, 2019.</i></p>		
DD Signature: _____		Date Signed: _____

(For Office Use Only)

TO BE COMPLETED AT TIME OF PICK-UP:

I, _____ the DD, have picked up the above
(PRINT NAME)

attendee at _____
(TIME) _____
(SIGNATURE)

Phone Committee Volunteer	Date of Contact

(OFFICE USE ONLY) DD#