



PLEASE PRINT

MILES MACDONELL COLLEGIATE
2019 SAFE GRAD

Please submit this form by Friday, May 24, 2019

REGISTRATION & DESIGNATED DRIVER FORMS FOR GUESTS

Graduate's Name: _____

	GUEST
Name	
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.

PARENT/GUARDIAN INFORMATION - GUEST

	Guest's Mother/Guardian	Guest's Father/Guardian	(OFFICE USE ONLY) P/G Contact
Names			
Address			
Home Phone #			
Cell Phone #			
Email Address			

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

Name	
Relationship	
Home Phone #	
Cell Phone #	

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

DESIGNATED DRIVER FORM GUESTS

MILES MACDONELL COLLEGIATE
2019 SAFE GRAD

Guest's Name: _____ 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		
<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 30, 2019.</i>		
DD Signature: _____	Date Signed: _____	

(For Office Use Only)	
TO BE COMPLETED AT TIME OF PICK-UP:	
I, _____ the DD, have picked up the above <small>(PRINT NAME)</small>	
attendee at _____ <small>(TIME)</small>	_____ <small>(SIGNATURE)</small>

Phone Committee Volunteer	Date of Contact
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(OFFICE USE ONLY) DD#
