

Parents, enjoy a night out with your valentine because:

**Your Child is Cordially Invited To
Flower Mound High School Theatre's
*Royal Valentine Dessert Gala***

**Friday, February 15th
6:30 – 9:30 PM**

**Held at McKamy Middle School
2401 Old Settlers Rd.
Flower Mound, TX 75022**



***Your hosts for the evening are the Royal
Princesses and Princes of the
Flower Mound High School Theatre Department.***

Meet Princesses and Princes ~ Enjoy Desserts
Face painting ~ Crafts ~ Karaoke ~ Photo Ops and much more!
You can even wear your favorite Royal costume.

Non-refundable fee: **\$25 PER STUDENT** (\$20 per additional sibling)

Ages 4 years old through 5th Grade

NOTE: Younger children must be able to use the restroom independently.

Space is Limited. Register early to ensure your spot! **No walk-ins are available.**

This registration/release of liability form must be completed and signed to participate.

Photo ID that matches the registration will be required to pick up each child.

Please return this form and check (payable to FMHS Theatre Booster Club) to:

FMHS Theatre Booster Club
Attn. Royal Valentine Dessert Gala
P.O. Box 270958
Flower Mound, TX 75027

***Registration MUST be postmarked by February 8th!**

You will receive an email confirmation within 3 days of our receiving your registration.

Contact fmhstheatrepresident@gmail.com with any questions or concerns.

This form is accessible at www.fmhstheatre.net .

Flower Mound High School Theatre's
Royal Valentine Dessert Gala

Registration and Release of Liability Form

Parent/Guardian's Name: _____

Who will pick up this child(ren)? _____

Parent/Guardian's Email Address: _____

Parent/Guardian's Emergency Phone #1: _____ Phone #2: _____

Family Physician: _____ Phone: _____

1. Child's name: _____ Date of birth: _____

School child attends: _____ Grade: _____

2. Child's name: _____ Date of birth: _____

School child attends: _____ Grade: _____

3. Child's name: _____ Date of birth: _____

School child attends: _____ Grade: _____

Does the participant(s) have any allergies and/or hypersensitivity to any medication, medical treatments, or food products of which we should be made aware? NO YES If yes, please explain:

Child #1: _____

Child #2: _____

Child #3: _____

I/We authorize the Flower Mound High School Theatre Booster Club to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should my child(ren) require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. An effort will be made to contact a parent or guardian, but treatment will not be withheld if a parent or guardian cannot be reached. I/We the undersigned parent(s) or guardian(s) of the listed participant(s) hereby grant permission and hold harmless Flower Mound High School, McKamy Middle School, Lewisville Independent School District, Flower Mound High School Theatre Department, and the Flower Mound High School Theatre Booster Club, and/or any medical attending physician provided to medically treat the participant as deemed appropriate. My signature below gives my child permission to participate in Flower Mound High School Theatre's Royal Valentine Dessert Gala.

Signature of parent or guardian

Date