



Kennett High School

Mini-THON

Dancer Packet

February 26th & 27th, 2016

FOUR  **DIAMONDS**
—— Conquering Childhood Cancer ——

Registration and Fundraising Information

- ❖ Participants must pay a \$20 registration fee. This may be paid either in cash or by check. If paid by check please make it payable to “**Kennett Consolidated School District**” and put “Mini-THON Registration” **AND** your name on the memo line. Registration fees must be turned into Lisa Teixeira in the library by **February 19th, 2016**.
 - ❖ Students must also raise a minimum of \$50 (this is in addition to the registration fee) in order to participate in Mini-THON. Those donations can be made via the KHS Donor Drive page, or by check made payable to **Four Diamonds**, please put your name on the memo line.
 - ❖ Each participant must set up a Donor Drive page. This can be found by going to our website (<http://khsminithon.org>) and clicking on the “Sign Up” button.
 - ❖ All donation money is due to Lisa Teixeira on or before February 26th, 2016
 - ❖ Online donations will stop being accepted on **March 18th, 2016**.
 - ❖ Dancers should hand in the commitment form, with parent and student signatures, to Lisa Teixeira in the library by **February 19th, 2016**.
 - ❖ Dancers should hand in the publicity release form, with parent and student signatures, to Lisa Teixeira in the library by **February 19th 2016**.
 - ❖ Dancers should hand in the Dancer Medical Information form, with parent and student signatures, to Lisa Teixeira, in the library by **February 19th, 2016**.
 - ❖ All donors should be given a receipt, forms are available via Google.docs and in the library. Donors will receive a receipt from the Four Diamonds Fund at Penn State Hershey if they donate through Donor Drive.
- REMEMBER:**
- ❖ Dancers must be willing to be on their feet from 10:00 p.m. February 26th until 6:00 a.m. on Feb. 27th, 2016.
 - ❖ Please dress appropriately for Mini-THON. Comfortable and active clothing, socks, and sneakers should be worn. Many students also choose to wear decorative accessories.

Mini-THON Dancer Commitment Form

Dancer Name: _____

Address: _____

Home Phone: _____

Cell-Phone: _____

Email: _____

Locker #: _____

Grade: _____

Advisory Room: _____ T-Shirt Size: S M L XL XXL

Parent/Guardian Name(s) _____

Agreement:

I will be on my feet for the entire 8 hours of Kennett High School's Mini-THON Feb. 26th-27th from 10:00 pm until 6:00 am. I know that I am representing myself, my class, and my school, and therefore I will act with dignity and respect in all aspects of the day/night.

Dancer Signature

I allow my son or daughter to participate in Kennett High School's Mini-THON on February 26th & 27th, 2016:

Parent/Guardian Signature

Your \$20 registration fee and publicity and medical forms must accompany this paperwork! Make checks payable to the Kennett Consolidated School District (memo line should have Mini-THON + your name.) You may also pay in cash.

Kennett Consolidated School District

Publicity Release

Dear Parent/Guardian:

Photos, videotape footage and personal interviews with Kennett High School students who are involved in various school-related activities are often used as part of the district's community relations efforts (e.g. district publications, local television programs, newspapers, and on the school district's website).

By signing below you are granting permission to the School District to photograph or videotape the person named below. The photographs would be used in school-related publications, such as the district calendar, newsletter, district website and local media.

The Kennett Consolidated School District is sincere in its commitment to keep the public informed of the programs, activities, and events that are taken place in our schools. Without your permission, you child cannot be part of this endeavor. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

_____ I DO consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

_____ I DO NOT consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

Student's Name (please print)

Date

School/Grade

Parent's Signature

Date

Dancer Medical Information Form

Participants Name: _____ Grade: _____ Age: _____

Address: _____ Home Phone: (_____) _____

Family Physician: _____ Phone: (_____) _____
Address: _____

In case of an emergency, please contact:

Name: _____ Phone: (_____) _____
Relationship: _____

Name: _____ Phone: (_____) _____
Relationship: _____

Medical Information:

Please mark an "X" next to any medical condition that applies to your current or past medical history. Please use the additional space to briefly explain.

_____ Asthma	_____
_____ Diabetes	_____
_____ Emphysema	_____
_____ Epilepsy	_____
_____ Heart Problems	_____
_____ Other	_____

Medications: (List medications you are currently taking.)

_____	Dosage _____	Times _____
_____	Dosage _____	Times _____
_____	Dosage _____	Times _____

My son/daughter, _____, may receive the medication listed above at the specified times by the attending school nurse or emergency medical technician during the Mini-THON.

Parent/Guardian Signature _____ Date _____



Name of Student _____

Student Team

Sponsor Name	Amount Donated	Paid?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
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		Y/N
		Y/N
Total \$:		

Donation Receipt

Kennett High School Mini-THON
100 East South Street
Kennett Square, PA 19348
Friday - Saturday, February 26th - 27th, 2016
10:00 p.m. - 6:00 a.m.

Name of Donor: _____

Address: _____ Apt# _____

City: _____ State: _____

Zip: _____ Telephone Number: _____

Email: _____

Amount Donated: \$ _____

Name of Sponsored Student/Committee Member:

Please complete all information in order to receive a thank you letter from our organization.

Students: Please hand this side of the card in for *each* donation collected.

Please detach and give to donor

DONATION RECEIPT

Name of Student/Committee member: _____

Name of Donor: _____ Amount: _____

Date: _____

The Kennett High School Mini-THON thanks you for your donation in support of Four Diamonds at Penn State Hershey Children's Hospital and in support of childhood cancer research at Penn State College of Medicine.