

DCMMCC TEEN HALLOWEEN PARTY PERMISSION FORM



STUDENT'S NAME: _____

GRADE: _____ SCHOOL: _____ PRONOUNS: _____

The Dr. Carson & Marion Murray Community Centre (DCMMCC) Teen Halloween Party is scheduled for **Thursday, October 22, 2026**, beginning at **7 p.m.** and concluding at **10 p.m.** Parents and/or Guardians are responsible for arranging transportation to and from the party. In addition, parents/guardians must be available to transport their child home early from the party, should they be leaving early for any reason.

The following rules and regulations apply to attendees at the DCMMCC Teen Halloween Party:

1. This event is open only to students in grade 7 to 12 who attend any junior/high school located within the Municipality of Cumberland or the Town of Amherst.
2. The DCMMCC must receive signed permission slips on or before **Wednesday, October 21, 2026**. Only youth on the list with a signed permission slip will be granted entry into the Halloween Party.
3. Students will only be admitted to the event ONCE; students will not be permitted to leave the building until they are dismissed. We ask that you please be prompt if picking up your children.
4. Appropriate behaviour and conduct is expected from all students attending the event. Students are expected to follow the rules and directions provided by event staff and to treat others with respect.
5. Students are encouraged to dress in Halloween costumes and there will be prizes available to those who do so.

During the event, staff will be taking photographs and videos involving students. These photos and/or video along with their name may be published through our website, social media pages, newsletter, etc. Your signature below indicates consent to allow the publication of photos and/or videos along with the name of the student in attendance.

☐ Yes, I allow the reproduction and publication of my child's photo, video and/or name.

☐ No, I do not allow the reproduction and publication of my child's photo, video and/or name.

By signing below, you are hereby agreeing to the rules and regulations explained on this permission slip.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS: Please provide two (2).

Contact #1: _____

Name

Phone Number

Contact #2: _____

Name

Phone Number

☐ My child will be walking home after the dance.

☐ My child will be picked up after the dance by: (name) _____

Paizano's Express Canteen will be open during this event, we will be providing \$5 coupons for pizza and a drink, if your child would like to purchase something additional, please send them with their own cash.

Please contact the DCMMCC directly for any questions you may have regarding this event at 902-763-3000. Completed forms can be emailed to Roybn at rforbes@cumberlandcounty.ns.ca or dropped off in person at DCMMCC, 6 Main Street, Springhill.



www.cumberlandcounty.ns.ca

