



# Registration Information

Dry Grad is an event which provides students with a safe, drug and alcohol-free environment to celebrate their graduation. It is a fully supervised event sponsored, fundraised, and organized by parents. It's a place where graduates can have fun with their friends, win prizes, be entertained, and participate in a fun-filled, action-packed night of celebration.

**WE NEED YOU!** To make this event successful, we need parent volunteers!

Visit: [dssdrygrad.com/volunteer/](http://dssdrygrad.com/volunteer/)

The day's events cost approximately \$250 per student, however, due to fundraising efforts throughout the school year and the countless hours of volunteer parent time, the cost to students is only \$175. This payment includes entrance to the event (featuring non-alcoholic beverages, foods, games, prizes, and entertainment) and a commemorative T-shirt.

## Early Bird Incentives:

Please purchase your tickets as soon as possible to cover the incoming costs.

- When you purchase your ticket before February 27, 2026 the cost is only \$150.
- Early bird prize draw: **If you purchase your tickets by February 27, 2026, your name will go into a draw for 4 Front Row Seats for the May 29, 2026 Red Carpet Grad Walk!**
- No tickets will be sold after May 1, 2026.

## Dry Grad Registration Package

Graduates must complete the following forms, and submit them as soon as possible:

1. DSS Dry Grad Registration Form
2. DSS Dry Grad 2026 Waiver
3. Houle Grad 2026 Waiver

Submission can be done in the following ways:

1. **Digitally:** Email your completed Registration Form and waivers to [vicechair@dssdrygrad.com](mailto:vicechair@dssdrygrad.com)
2. **In Person:** Drop your completed Registration Form in the Dry Grad Box in the DSS office

Payment can be made by e-transfer or cheque:

1. **E-transfer:** send to [treasurer@dssdrygrad.com](mailto:treasurer@dssdrygrad.com)
  - a. E-transfers will auto-deposit
  - b. Be sure to include your graduate's **first and last name** in the message
2. **Cheque:** Make cheques payable to "DELTA SECONDARY DRY GRAD" Attach your completed forms and drop off into the box located in the school office, or mail to: Delta Secondary School, 4615-51 St. Delta, BC V4K 2V8

**Be sure to include your graduate's full name on the envelope for drop off.**

*No information contained in the forms will be shared outside of the Dry Grad Executive Committee.  
All fields must be completed.*

# DSS Dry Grad 2026 Registration Form

Complete this form and send it with payment to the school as soon as possible. All grads MUST be registered in advance to attend.

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Cell # \_\_\_\_\_ Parent Email: \_\_\_\_\_

Contact name and number(s) for the night of Friday May 29, 2026 during the Dry Grad Event.

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Medical Concerns (allergies etc): \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

DSS Dry Grad T-Shirt adult size: (circle):  S  M  L  XL  XXL

I hereby give permission for \_\_\_\_\_ to participate in all activities provided at the DSS 2026 Dry Grad at their own discretion. I will not hold any DSS 2026 Dry Grad Committee member or event volunteer responsible for any harm that may come to my child as a result of this event.

X \_\_\_\_\_

## **Parent/Guardian signature**

I have read and agree to adhere to the rules on the attached DSS Dry Grad 2026 Waiver.

X \_\_\_\_\_

## **Student signature**

Contribution Fee\*: \$150 (**only** if purchased on or before February 27, 2026) or \$175 (minimum) or \$ \_\_\_\_\_ (\$175 plus additional funds to help support the grad class)

\*The ticket price is \$175/child. We have added an incentive to save money by purchasing your ticket early to help cover the initial costs. If you are able to support the grad class in a more significant way please choose an alternative amount.

Cheque # attached \_\_\_\_\_ or E-transfer completed on \_\_\_\_\_

*No information contained in this form will be shared outside of the Dry Grad Executive Committee.*

*All fields must be completed*

# DSS Dry Grad and Grad Walk 2026 Waiver Form

**All Dry Grad Students and Parents must sign this waiver in order for the student to receive a ticket to the event.**

The intention of this waiver is to ensure that all DRY GRAD student attendees experience a fun, respectful and safe series of events during this 2026 Dry Grad Celebration.

I, (student-print your full name) \* \_\_\_\_\_ agree to adhere to the following SIX (6) Grad Walk & Dry Grad expectations:

1. I will not attend the 2026 Grad Walk or Dry Grad event while under the influence of, or be in the possession of ALCOHOL or DRUGS.
2. I agree to arrive at the Dry Grad event between 10:45 pm and 11:45 pm. I understand the doors will be closed at 11:45 pm and I cannot enter after that time.
3. I agree that I will not be allowed to re-enter Dry Grad once I leave the event (*see note below*)
4. I understand that my entrance into DRY GRAD is not guaranteed if I am found in possession of, or under the influence of ALCOHOL or DRUGS and that my parents/guardians will be called to pick me up.
5. I understand that if I choose to leave prior to 3:00 am that a parent/guardian will have to be contacted and that arrangements for transportation must be made.
6. I understand that I must be present at the Ladner Community Centre to claim ANY prizes.

Note: Special arrangements, under special circumstances, may be made for entry and re-entry by attaching a letter of request signed by a parent and submitting it with this waiver. This request is not guaranteed until approved.

This waiver must be signed by both the student and parent and returned on or before the time of picking up the Dry Grad entrance package.

**\*STUDENT SIGNATURE:** \_\_\_\_\_

**\*PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**\*PARENT/GUARDIAN:** Phone number you can be reached at during the Dry Grad event

Phone : \_\_\_\_\_

I have the following special needs request related to the Dry Grad Event.

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No information contained in this form will be shared outside of the Dry Grad Committee.  
All fields must be completed.



#29 - 1833 Coast Meridian Rd, Port Coquitlam, B.C. Canada V3C 6G5 Phone (604) 470-8359 Fax (604) 474-0379

## **ACKNOWLEDGMENT OF RISK STATEMENT**

In consideration of Houle Games and Entertainment Ltd. (hereafter "Houle") allowing my/my child to participate in its activities:

### **AS A PARTICIPANT OR PARENT/GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:**

Houle provides equipment for activities including but not limited to Mechanical Bull Ride, Kids Bouncers and Slides, Inflatable Games, Carnival and Picnic Games, Casino Rentals, Arcade and Video Games, Sports Simulation Games, Laser Tag, Sports Bar Style Table Games, Money Booth and Photo Booth Rentals, Specialty Artists and Entertainers, Music Services (referred to herein as "activity"). More information on the activities can be found on our website at [www.houlegames.com](http://www.houlegames.com).

Participation in an activity entails known and unanticipated risks that could result in physical or emotional injury or damages to my/my child, to property, or to third parties. Such risk cannot be eliminated without jeopardizing the essential qualities of the activities.

The risks of these activities include but are not limited to sprains, torn muscles and/or ligaments; fracture or broken bones; dental damage; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; oxygen shortage (anoxia); head, neck, and or spinal injuries; shock; paralysis and/or death.

These risks may be caused by falls, collisions and close contact with other participants and fixed objects, fatigue, psychological stress, equipment failure, and my/my child's sense of balance, physical coordination, and ability and willingness to follow instructions. Some participants experience an increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, or a fear of heights.

All of the activities are voluntary.

It is the responsibility of the participant to limit his or her participation in any way he/she deems appropriate. Houle does not make a determination of a participant's fitness for an activity; rather, the participant represents to Houle and verifies that he/she is physically fit and ready for an activity, and that the activity is suitable for the participant.

The participant agrees to comply with all rules and directions made or given by Houle and its employees, volunteers, assistants and contractors in connection with the activity. I am aware that Houle does not carry medical or dental insurance for the participant, and it is my responsibility to arrange for insurance for the participant as I see fit.

**For the parent:** I have discussed these risks with my child. My child understands and acknowledges these risks. My child also understands that he or she assumes these risks in the event he or she decides to participate in an activity.

**Please read and complete page 2 of this form**



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## **ACKNOWLEDGMENT OF RISK STATEMENT AS A PARTICIPANT OR PARENT/GUARDIAN, I AGREE:**

In the event of an accident requiring medical attention at an activity supervised by Houle, I authorize Houle and its agents to render or seek emergency or first aid assistance for my/my child and to release medical information and incident reports to insurance providers and other persons or authorities deemed appropriate by Houle.

To the use of my/my child's image in any photograph, video recording, or Web page of Houle.

Should any part of this acknowledgement be declared unenforceable by a court of competent jurisdiction, the remainder of this acknowledgement shall be in full force and effect.

Participant Name (PRINT) \_\_\_\_\_

(H) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (C) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_

Booking/Organization Name: DSS Dry Grad 2026

Invoice: # 2181

Event Date: May 29<sup>th</sup>-May 30<sup>th</sup>, 10:30pm - 3:30am

Location: Ladner Community Centre

4734 51 St. Delta British Columbia, V4K2V7, Canada

EMERGENCY CONTACT (PRINT) \_\_\_\_\_

(H) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (C) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**By signing this document, I acknowledge that I have read and fully understand both pages of this document and that the information I have provided is disclosed accurately and truthfully.**

**I UNDERSTAND THAT PARTICIPATION IS AT ONE'S OWN RISK.** Participant

Signature \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER NINETEEN  
(19) years of age.**