



# CVHS Choir End of the year



## Zap Zone All-Nighter Lock-in!

Greetings CVHS Choir Families!

On **Friday, May 15<sup>th</sup>** we are going to hold an All-Nighter Lock-in at **Zap-Zone at 43500 Van Dyke, Sterling Heights, Mi. 48317.**

We have the whole building to ourselves (just CVHS choirs). This is a progressive party, meaning a different attraction will be opened every two hours. Our students will be able to play laser tag and arcade games the whole night. Every two hours a different attraction will be opened, such as glo-golf, bumper cars, Springz Trampolines/Ninja Warrior course, etc.

Students are to be **dropped off no later than 11:50pm on Friday, May 15<sup>th</sup>** in order to get in. Students **MUST be picked up by 6:00am on Saturday, May 16<sup>th</sup>**! If we have students picked up after 6:00am, we run the risk of being charged for that time, which would be charged to the late parties. It is the responsibility of the family to get the student to and from the event on time. Once students are at Zap Zone, they will not be able to leave until 6:00am when they get picked up.

This is a very popular lock-in for local choirs and band. We've done this for a number of years and it has always been extremely fun!

Pizza and various snacks will be provided for the students throughout the evening. If you have a food allergy, please feel free to bring something for yourself (no peanuts/tree nuts).

If you are a parent/guardian and would LOVE to stay up all night chaperoning, **you must** fill that out on the next page – an email will be sent to you to run a background check – watch your email!

The total cost for students is \$65.00. This includes the unlimited laser tag, access to the arcade (some of the non-ticket games will be open to us for free-play), and progressive attractions. **Students will need to bring money for additional tokens/credits if they would like to play other games.**

**If you have a pair of the trampoline park socks, please bring them with you! Otherwise you will have to buy a pair for \$1.00.**

**All students must adhere to the rules of Zap Zone and the school code of conduct.**

This is a great way to wrap up a very busy year. We are excited to spend some time having fun outside of the classroom! We hope to see you there!

-Mr. Pecar



# PLEASE TURN IN THIS CHECKLIST WITH YOUR DOCUMENTS



ALL FORMS AND PAYMENT ARE

## DUE Monday, April 13, 2026

The following items **MUST** be in an envelope with student name and Zap Zone written on the front. This will help prevent it from getting mixed up with other items being turned in for other reasons (Mr. Pecar is not providing envelopes...yes, this means you, as well).

Checklist (seriously...check these off to make sure you don't forget something, it helps!):

Name of student (print clearly, please) : \_\_\_\_\_

- Permission slip
- Springz Trampoline Waiver
- Make your payment on Payschools – Print your receipt and turn in with your forms – we cannot accept forms without a payment receipt.

Parent/Guardian Chaperones Checklist:

- Name of Chaperone(s) Attending: \_\_\_\_\_
- Relationship to student: \_\_\_\_\_
- Chaperone Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Chaperone E-Mail Address: \_\_\_\_\_

Scan or click here to make your payment on Payschools



\*\*Cost for Chaperones is \$0.00 and lack of sleep!\*\*



**Springz Farmington Participant Agreement, Release and Assumption of Risk, please print legibly. Form must be filled out completely to participate.**

Parent/Guardian/Participant (if over 18) Last Name		First Name		Birth Date	
Street Address		Apt. #	City	State	ZIP
Cell Phone			Email		

In consideration of the services of SPRINGZ, LTD. their agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Springz"), I hereby agree to release, indemnify, and discharge Springz, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in Springz trampoline park and any games or activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, but are not limited to: Springz trampolines entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Risks include the negligence of other participants or me, injuries including rope or rug burn, scrapes, bruises, cuts, sprains, fractures, dislocations, pinched fingers and other extremities, and serious injuries to the head, neck, or back which can cause paralysis, or even death. Trampolines expose participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists, elbows, shoulders, ankles, and knees and can suffer more serious injuries as well. Traveling to and from trampoline locations raises the possibility of any manner of transportation accidents. Participants can fall on each other resulting in broken bones and other serious injuries. Double bouncing, that is, more than one person bouncing per trampoline can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must not be done. If you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, Springz employees, while properly and thoroughly trained, have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's health or abilities. Equipment being used may malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of these risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Springs from any and all claims, demands, or causes of action, which I may sustain while on the premises or are in any way connected with my participation in Springz activities or my use of Springz equipment or facilities including any such claims which allege negligent acts or omissions of Springz.

4. Should Springz or anything acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I acknowledge that Springz is not required to be covered by liability insurance and that I am playing at my own risk.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Springz on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.**

I further grant Springz the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

Participant Signature (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of (print of to four minor's names/birthdates below of SAME parent or legal guardian):

Participant 1: Last Name	First Name	Birthdate
Participant 2: Last Name	First Name	Birthdate
Participant 3: Last Name	First Name	Birthdate
Participant 4: Last Name	First Name	Birthdate

"Minor" being permitted by Springz to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold harmless Springz from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, including to but not limited to those claims which allege negligent acts or omissions of Springz, to the fullest extent permitted by law. I further certify that I am the parent or legal guardian of the minor on this agreement.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver accepted by: \_\_\_\_\_ Springz Employee Date: \_\_\_\_\_

# Parent Permission Form for a Field Trip

Payment and form due: 4/13/2026

Student		School	CVHS		
Teacher/Sponsor	Pecar	Date(s) of Trip	5/15-16/2026		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the event of an emergency.					
Activity Name	Zap Zone Lock-In	Destination of Trip	Zap Zone		
Destination Phone	<b>586-323-0030</b>	Student Cost	\$65.00	Chaperone Cost	0
Transportation	Own transportation (Arrive by 11:50pm)	Food Provision	Food Provided		
Departure Location	Arrive at Zap Zone by 11:50pm	Departure Time	Arrive by 11:50pm		
Return Location	Zap Zone	Return Time	Get Picked up by 6:00am		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

<b>Student Name</b>	<input checked="" type="checkbox"/>	<b>Address</b>	<input checked="" type="checkbox"/>		
<b>Parent/Guardian(s)</b>	<input checked="" type="checkbox"/>	<b>Parent/Guardian Phone</b>	<input checked="" type="checkbox"/>		
<b>Secondary Contact</b>	<input checked="" type="checkbox"/>	<b>Secondary Phone</b>	<input checked="" type="checkbox"/>		
<b>Emergency Phone</b>	<input checked="" type="checkbox"/>	Date(s) of Trip	5/15-16/2025		
Activity Name	Zap Zone Lock-In	Destination of Trip	Zap Zone		
Destination Phone	586-323-0030	Student Cost	\$65.00	Chaperone Cost	0
Food Provision	Food Provided	Transportation	Own transportation (arrive 11:50pm)		
Departure Location	Arrive at Zap Zone by 11:50pm	Departure Time	Arrive by 11:50pm		
Return Location	Zap Zone	Return Time	Get Picked up by 6am (own ride)		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- Field trip payments should be made in PaySchools Central, or PaySchools Events as directed by the school. Please submit a copy of your receipt to this form. Payment will be verified by the school.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

<b>Parent Signature</b>	<input checked="" type="checkbox"/>	<b>Date</b>	<input checked="" type="checkbox"/>
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