

**A** **A Tea Party in**  
**Wonderland**  
**Joy Prom**



**Don't Be Late**



**Save The Date**

**03.11.2023**  
**6:00 to 9:00 p.m.**

**The Discovery Museum**  
**490 S Center St, Reno, NV 89501**





# JOY PROM



Hello,

**You are cordially invited to Nevada Blue Key's annual Joy Prom!**

Joy Prom is a nationwide event that gives high school students with disabilities the opportunity to enjoy their very own full-scale prom. Reno Joy Prom is a free event for Northern Nevada high school students with physical and cognitive disabilities. It is a time to dance the night away, and due to the generosity of our community partners, food and drinks will be provided. Formal wear is encouraged, but we want all of our guests (even chaperones and parents) to dress up to whatever level they are comfortable with. It is a fun-filled night where every guest is celebrated and accepted, focusing on the individual as a person, and letting them be themselves. This year's Joy Prom is on **March 11th, 2023, at the Terry Lee Wells Nevada Discovery Museum from 6 pm-9 pm**. The address for this event is Address: 490 S Center St, Reno, NV 89501.

Blue Key is a premier honor society that recognizes college students at senior institutions of higher education for balanced and all-around excellence in scholarship, leadership, and service. Blue Key has been at the University of Nevada for the better half of the twentieth century and was re-established in the spring of 2014. Since its re-chartering, Blue Key has focused on serving the University of Nevada and the Reno community through its leadership and service efforts. We have held Joy Proms annually since rechartering, however, haven't been able to do so the past two years due to the pandemic. We are looking forward to hosting another successful Joy Prom after this hiatus, and many more Joy Proms in years to come!

Please follow the RSVP directions and return all forms by February 10th, 2023. If you have any questions, contact us at [nevadabluekey@gmail.com](mailto:nevadabluekey@gmail.com). We look forward to seeing you there!

Serving I Live,

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Olivia Rice  
Joy Prom Coordinator  
(775)388-4588

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Jada Maglinao  
Joy Prom Coordinator  
(714)313-3044

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Maria Zamudio  
President  
(775) 409-7540

**To RSVP,**

- a) Fill out the paper forms included and return the packet with the (1) information form, (2) media release form, and (3) liability waiver to your teacher.

OR

- b) Follow this QR code to fill out the digital Joy Prom 2023 Interest and Media Release Forms. You will still have to return the liability waiver to your teacher.



You do not have to fill both paper and digital forms, however, we ask you to complete and return all forms by *February 10, 2023*.

# Information Form

If there are any changes needed to be made to your form, please email [renojoyprom@gmail.com](mailto:renojoyprom@gmail.com)

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Email Address of Parent or Guardian: \_\_\_\_\_

Phone Number of Parent or Guardian: \_\_\_\_\_

Emergency Contact (if different than Parent or Guardian listed): \_\_\_\_\_

Emergency Contact Phone Number (if different than Parent or Guardian listed): \_\_\_\_\_

\_\_\_\_\_

## Other Guests:

*Students are able to bring two (2) extra guests. We unfortunately cannot extend this at the moment due to The Discovery's limit of 300 guests. However, if we do not reach that maximum, we will open this and allow for more guests on a first come first serve basis.*

*To our parents: We have many WCSD teachers and staff who will be present at the event. If you would like to go to dinner during this time, we will look out for your children!*

Circle the number of guests that will be attending (do not include student): 0      1      2

Name of Guests and Relation to Student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any and all dietary restrictions and/or other accommodations:

\_\_\_\_\_

Please list any comments/concerns/questions:

\_\_\_\_\_

\_\_\_\_\_

### **Reno Joy Prom 2023 Media Release Form**

Production Title: Reno Joy Prom 2023, Nevada Blue Key Honor Society

Production Date: 3/11/2023

I, the undersigned, hereby authorize Blue Key Honor Society to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including but not limited to educational and other public media as may be deemed appropriate by Nevada Blue Key Honor Society (I understand that I may be identifiable from such photographic or electronic reproduction).

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

**Agreed and accepted by:**

Print Name (parent or guardian): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Joy Prom Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_



Administrative Form 5308

**STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION &  
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

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I hereby acknowledge that I am the lawful parent or legal guardian of (student name) \_\_\_\_\_. On (date) \_\_\_\_\_, (school/dept/class) \_\_\_\_\_ will be participating in a field/activity trip to \_\_\_\_\_.

Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) \_\_\_\_\_.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

Student Full Legal Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:    \_\_\_ Female    \_\_\_ Male

**Medical Treatment Information for Medical Treatment**

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

- ☐ I hereby **consent** to allow my child/ward (name), \_\_\_\_\_, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

**OR**

- ☐ I hereby **decline** to allow my child/ward (name), \_\_\_\_\_, to participate in this field/activity trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature