

Frequently Asked Questions

Tim Tebow Nigh to Shine Prom2025

Q: Who is this event designed for?

A: Individuals with a physical or cognitive disability ages 14 years and older who would attend events designed for individual with exceptional needs.

Q: Will dinner be served?

A: Heavy hors d'oeuvres, tea, lemonade soda, and water will be provided. If the participant attending requires a special diet or medication with food, parents or caregivers will need to provide and administer that at the dance.

Q: Will medical personnel be able to assist with procedures or medication administration?

A: Medical personnel will NOT be on sight. Parents/caregivers must be available to provide for personal care needs, procedures, and medication administration. Emergency medical technicians will be on site for emergencies and safety only. They are not able to administer medication.

Q: Will parents/caregivers be able to stay at the dance and watch?

A: There is an observation room with a live stream of the dance for parents/caregivers who want to watch from a distance.

Q: Will transportation be provided to and from the event?

A: Transportation to and from Night to Shine on February 7 is the responsibility of parents/caregivers.

Q: What is the attire for the evening?

A: Formal or dressy attire is suggested for the evening. It is a formal event, intended to replicate a prom or formal dance. We will have a salon for hair and makeup touchups throughout the evening. We will have a volunteers available to do hair and makeup, please see Guest Registration to indicate if you would like to participate in this.

Q: What is the entertainment for the evening?

A: Live music performed by a local band will be provided for the evening. The music will be clean and free of profanity.

Q: Who will the participants dance with?

A: A Buddy will be provided for each participant attending the dance. Buddies will be volunteers screened by CrossPoint Church who have met volunteer requirements and have a great desire to share this special evening with participants.



Guest Registration Form

Guest Information – PRINT or Type all information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

_____ Age: _____ Gender: Female: _____ Male: _____

Fun Fact About You: _____

Address:

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact name and phone number during event (will be listed on guest's nametag):

Will Need Medication Administered During Event BY A PARENT: Yes: _____ No: _____

**** Please note that the church, their staff, and volunteers are not responsible for administering medication to guests during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.***

Will guest be dropped off and picked up by parent/caretaker? Yes: _____ No: _____

Name and relationship to guest of the person dropping off and picking up after the event.

I would like to receive _____ hair and / or _____ makeup by volunteers serving with the salon station at Night to Shine. These opportunities will begin at 6:00 and last until 8:00.

We would love to make your Night to Shine experience the best it can possibly be. Please answer the following optional items that apply in order to help us offer our best support.

Health Concerns: _____

Mobility Needs: _____

Communication Needs: _____

Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):

Allergies: _____

(Please list any that apply foods, animals, latex, makeup, plants or pollen, etc.)

Food Needs (food cut-up or pureed, gluten free, dairy free, nut free, etc.):

Additional Notes/Concerns You Would Like Us to Be Aware Of

Guardian / Caregiver Information

Name(s): _____

Phone: _____

Guardian / Caregiver will be... Dropping Guest Off: _____ Enjoying Respite Room: _____

If enjoying Respite Room*, please list Caretakers:

Name 1: _____

Name 2: _____

** The Respite Room is a private area where caregivers of guests can spend the evening enjoying prepackaged snacks and rest while remaining onsite during the event.*

Care Provider Agency Information – If Applicable

Care Provider Agency:

(If attending as a part of a group, please include agency or company name)

Care Provider Agency Phone: _____

Agency Chaperone (if applicable): _____

Agency Chaperone Cell Phone: _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency. If Chaperone remains with guest, a current Background Check will be required.)

Additional Notes or Concerns:

Remit form via email to: Carrie Jones at carriejones1@iptrussville.org

Or

Drop off at CrossPoint Church office – 8000 Liles Lane, Trussville, AL 35173

Night to Shine Parent/Caretaker Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by CrossPoint Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and CrossPoint Church, an Alabama nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and CrossPoint, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and CrossPoint Church, and to any benefits inuring to TTF and CrossPoint Church as a result of its use of any of the foregoing recordings. Among other things, TTF and CrossPoint Church may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and CrossPoint Church, for the advancement of TTF and CrossPoint's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CrossPoint Church and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CrossPoint, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name. AGREED TO AND ACCEPTED:
Parent/Caretaker Information

Name of Parent / Caregiver: _____

Signature of Parent / Caregiver: _____

Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Night to Shine Participant Media Rights Release

Participant Information (Name of Guest Attending Night to Shine)

Name: _____

Night to Shine Participant (Guests, Volunteers & Vendors) Media Rights Release By signing below, and for the good and valuable consideration of participating in an event hosted by CrossPoint Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and CrossPoint Church, a Alabama nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and CrossPoint Church, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and CrossPoint Church, and to any benefits inuring to TTF and CrossPoint Church as a result of its use of any of the foregoing recordings. Among other things, TTF and CrossPoint Church may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and CrossPoint Church, for the advancement of TTF and CrossPoint's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CrossPoint Church and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CrossPoint, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions.

I am of full age and have the right to contract in my own name.

Participant Information

Name of Participant: _____

Signature of Participant (if over age 18): _____

Date: _____

Signature of Parent/Caregiver/Legal Guardian (if participant is under age 18):

_____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____



A special message for you...
