

2011 All Night Graduation Celebration (ANGC)
ADMISSION/ DVD ORDER/PARENT RELEASE FORM

To sign your student up for the **2011 ANGC**, complete all sections on the **the front and back** of this form and **return it with payment** no later than June 3, 2011.
Please print clearly.

A. Please indicate which of the following you are purchasing:

_____ Admission To All Night Graduation Celebration @ **\$40.00 per student** (No actual ticket is issued. After we receive your order and payment, we will post your student's name in the Senior Alcove.)

_____ DVD(s) @ **\$30.00 each - OPTIONAL PURCHASE** (estimated home delivery is early August)

_____ Any extra contribution that you may be able to make (optional)

_____ **Total amount of payment** Check # _____ (Make check payable to GMPTSA- ANGC)
Return instructions on back of this form.

B.

_____ **Student's Last Name**

_____ **Student's First Name**

_____ **Street Address**

_____ **City, State, Zip Code**

_____ **Email**

_____ **Phone**

_____ **Parent/Guardian Last Name**

_____ **Parent/Guardian First Name**

_____ **Email**

_____ **Phone**

I give my student, _____, permission to go to the George Mason High School's Class of 2011 All Night Graduation Celebration, at Skyline Sport and Health, 5115 Leesburg Pike, Falls Church, Virginia, from 11:00 p.m., June 15, to 5:00 a.m., June 16. My child has permission to go to and participate in all the activities at this event, including swimming and other athletic activities, and I hereby agree that I will not hold the George Mason PTSA or the George Mason All Night Graduation Celebration Committee liable for any accident.

I understand that participation in the George Mason All Night Graduation Celebration, (ANGC), involves public property, and that neither the All Night Graduation Celebration Committee, nor its parent volunteers, will have any responsibility for the condition of this property. I have been made aware of the purposes of the ANGC, and its various activities, and agree that, to the best of my knowledge, my child is physically able to safely participate in this Celebration. I understand that the expectation is for the graduates to spend the entire night at the celebration. Also, I have had an opportunity to have all my questions concerning the All Night Graduation Celebration answered to my satisfaction.

The George Mason PTSA and the George Mason All Night Graduation Celebration Committee have my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. I recognize that the George Mason PTSA and the George Mason All Night Graduation Celebration Committee do not provide medical insurance for my child.

(over please)

My child is physically fit to participate in the event indicated above. Should an "at fault" accident occur, the usual medical insurance covering my child would be the primary coverage.

B.(cont.)

Signature of parent/guardian

Date

Phone number where parent can be reached during the ANGC celebration: () ____--____

Name of physician and phone number () ____--____

Emergency contact (other than parent if parent cannot be reached) and phone number () ____--____

***Please list any prescribed medications your student must have with him/her at the ANGC and their purpose.

***Please list any food allergies your student may have which could result in an immediate/serious problem.

C. ANGC 2011 RULES ACKNOWLEDGEMENT

I have read, understood, and will abide by the "ANGC 2011 Rules".

Student's signature: _____ Date _____

Have you completed each of these sections and enclosed payment?

A. _____ ANGC Admission and DVD Order Form

B. _____ Student Information and Parent Release Signature

C. _____ 2011 ANGC Rules Acknowledgement

D. _____ Payment (Checks made payable to GMHS-PTSA-ANGC)

Please send this completed form and payment in one of two

ways:

Mail:

Sandy Lewis
104 N. Cherry St.
Falls Church, VA
22046

or

Send:

with your student to the drop
box in the GMHS office