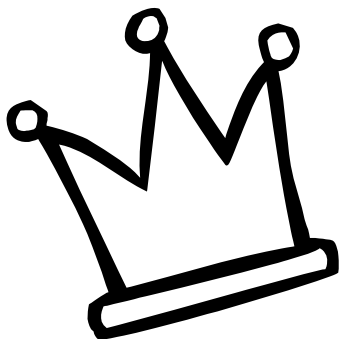


****Complete Liability Form on Reverse Side****
Form must be signed before student will be admitted



FHS Class of 09
All Night Grad Celebration
June 15, 2009
11pm-5am

Reservation Form

PLEASE PRINT

Senior's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name: _____

Cost: \$50 received by Apr. 27, 2009
\$60 received after Apr. 27, 2009
\$65 at the door

***Tickets are non-refundable**

T-Shirt Size: (included in price)

S M L XL XXL
**(T-Shirt size guaranteed for tickets
Purchased by May 27, 2009)**

Donations: Any amount is appreciated to help defray costs. Donations are tax deductible.

Payment: You may submit one check for tickets and donations, payable to FHS ANG,
Please include student's name on the memo section of the check.

Ticket Price: \$_____

Donation: \$_____

Total Amount: \$_____

Mail completed and signed forms to: FHS ANG
c/o Sue O'Neill
5415 Ashleigh Rd
Fairfax, VA 22030

****Please turn over to complete reservation****

Parental Authorization and Acknowledgement of Risk

I agree that by signing this contract my parent/guardian and I understand and will abide by the following rules:

1. I will not be admitted without a reservation form on file, and I will have photo identification available for admittance to the ANG Party.
2. I understand that once I check in at FHS beginning at 11:00 pm and no later than 12:30 am., I cannot leave without special consent from my parent/guardian. Once I leave the party, I cannot re-enter. If I do not check in by 12:30 am, my parent/guardian will be notified.
3. I understand that if I decide to leave the FHS ANG party on my own, my parent/guardian will be notified of my actions and FHS ANG will be released from further responsibility for my welfare/safety.
4. All backpacks, book bags, handbags, car keys, etc. will be kept for students at the FHS ANG Party check-in point.
5. The ANG Party is a drug, alcohol and smoke-free environment. I will not be admitted if it is suspected that I have already consumed drugs or alcohol. Use of any of these products during the party will result in immediate removal and a phone call will be made to parent/guardian. Security on-site will be notified to deal with appropriate behavior or violations of the law.
6. I will respect the event site and do no malicious damage. I understand that in the event of my inappropriate behavior, my parent/guardian will be contacted to pick me up. Any violation will be dealt with in accordance with the law and FHS policy. I understand identified contact persons must be available at any time during the event to take a phone call and pick me up at a designated location. Students will only be released to a parent/guardian listed on this form. No exceptions.
7. I understand that participation in ANG Party is voluntary, and I am aware of various activities which may involve physical activities and risk of injury. Other activities will include music, food, and casino activities.

I hereby release FHS ANG Party and volunteers, employees and agents from any and all claims that may arise from my use or presence on and at such premises and activities. I understand and agree to all the above conditions.

Student Signature _____ **Date** _____
Parent/Guardian
Signature _____ **Date** _____

This form must be signed by parent/guardian, even if student is over 18 years of age.

Emergency Student Information

Student Name: _____
Parent/Guardian Name: _____
Home Address: _____
Parent/Guardian Phone # during ANG hours: _____
Physician Name and Phone #: _____
Medical Insurance Coverage: _____
Special Medical Issues
Allergies/Reactions/Medications (please list) _____

Parent/Guardian Signature: _____

By signing this document, I give permission for FHS ANG to seek medical attention for my child in the event that I cannot be reached during an emergency.