



**ALL NIGHT GRAD CELEBRATION CONSENT FORM**

*(This form must be signed by parent and student!)*

**ROBERT E. LEE HIGH SCHOOL  
PARENT TEACHER STUDENT ASSOCIATION SPONSORED EVENT**

I understand that participation in this activity involves public property, and that neither the All Night Graduation Celebration Committee, nor its parent volunteers, will have any responsibility for the condition or use of this property. I have been made aware of the purpose of this activity and the variety of events, including swimming, in which my student may participate. I agree that, to the best of my knowledge, my child is physically able to safely complete all these events. Also, I have had an opportunity to have all my questions concerning this activity answered to my satisfaction.

\_\_\_\_\_\*  
**Print Student Name**

\_\_\_\_\_\*  
**Student Signature**

\_\_\_\_\_\*  
**Print Parent/ Guardian Name**

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

**Parent Home:** \_\_\_\_\_ \* YES! I would like to volunteer before the event  
\_\_\_\_\_ (check here)

**Parent Cell:** \_\_\_\_\_ \* YES! I would like to volunteer the night of the  
event \_\_\_\_\_ (check here)

**Parent Work:** \_\_\_\_\_ \* E-MAIL \_\_\_\_\_

**\*THIS FORM IS NOT COMPLETE WITHOUT THESE SIGNATURES AND CONTACT INFORMATION. PARENT AND/OR GUARDIAN WILL BE CALLED THE NIGHT OF THE EVENT IF STUDENT HAS NOT CHECKED IN BY MIDNIGHT!**

**Your \$75.00 fee includes a disposable camera to use during the event, swim towel, LHS Class of 2012 DVD, LHS reusable shopping bag and an ANG 2012 t-shirt. Please indicate the shirt size of the graduating student below.**

**T-shirt Size:**            S        M        L        XL        XXL *(Please circle one)*

**Questions? Contact Mary Herbes (Ticket Sales Chair) at 703-451-2965 or  
703-474-4381  
or Betsy Meholick (ANG Chair) at 703-455-2890**

