

Westfield High School

All-Night Grad Party

June 9, 2025

What is the All-Night Grad Party (ANGP)?

- A fantastic party planned just for SENIORS
- This year the ANGP will be held at Dave & Busters at Fair Oaks Shopping Center from 9:30 PM to 1:30 PM on June 9, 2025
- A fun, safe, drug and alcohol-free event sponsored by the Westfield High School PTSA
- A great way to end the year with ALL your classmates
- THE BEST WAY TO SPEND GRADUATION NIGHT!!!!

How do I sign up? What is the cost?

1. Print these forms and complete them
2. Make a check payable to WHS PTSA 3. Include the check and completed forms in an envelope and either bring it to the main office or mail it to:

WHS PTSA ANGP
4700 Stonecroft Blvd.
Chantilly VA 20151

Or buy on Shopify and Email signed forms to westfieldangp@gmail.com

\$65 only (\$1.65 additional fee for credit card payments)

This includes food, 2-step power cards for games (\$25), unlimited video games, dancing, photo booth and prizes. We want 100% attendance. Contact your counselor if you have special financial needs. The PTSA wants you to come and celebrate your achievements.

Top Reasons Why YOU need to attend

- Hang out with your friends all night!
- There is something for everyone: great prizes, games, entertainment, and food!
- Everyone will be there!

ATTENDANCE GUIDELINES

The All-Night Graduation Party (ANGP) is a fun, safe, drug and alcohol-free event for our senior students to celebrate their graduation. It takes place the night of graduation but technically starts on Monday, June 9, 2025 from 9:30 PM to 1:30 PM. The PTSA volunteers as well as everyone involved are planning a great party for our seniors. Here are a few reminders:

Students must register, hand in the required documents, and pay the registration fee before attending. All ANGP forms are available in the main office and student services as well as on the Westfield High School PTSA website. ALL FORMS MUST BE COMPLETED BY BOTH THE STUDENT AND PARENT/GUARDIAN.

Come hungry and ready to have fun—the registration fee covers **ALL** food, games, and activities; no additional cash is necessary. You do have the option to add additional funds to your game card if you choose.

Participation in the ANGP is a PTSA School Sponsored event; therefore, all the provisions in the Student Rights and Responsibilities (SR&Rs) apply. A graduate suspected of being intoxicated by alcohol or drugs during check-in will not be allowed to attend the event.

1. **Who can attend**--Attendees MUST be 2025 graduates of WHS.
2. **When to submit all forms** -- All forms must be completed in entirety before attending the party.
3. **Where is it located** - Dave & Busters Fair Lakes Shopping Center 11958 U Fair Oaks Shopping Center, Fairfax, Va 22033
4. **When should attendees arrive** -- Students should check in between 9:30 PM and 10:00 PM. If a graduate has paid to attend but does not show up, we contact parents to let them know. While this is an all-night party, if a student must leave early, a prearranged authorization can be sent in by a parent or guardian. The student can leave when their parent or guardian picks them up and shows their ID to security.
5. **Refunds**--There are no refunds.
6. **What to bring to the party**--No backpacks, purses, or water bottles are allowed. Students are free to bring a cell phone, ID, wallet, keys, and any authorized medications. If a student does not want to carry these items during the evening, they can leave these items in their car.
7. **No outside food or drink is permitted.**
8. **What to wear** --Wear comfortable clothes and shoes.
9. Students are expected to behave appropriately and in a respectful manner, as stipulated by the Student Rights and Responsibilities (SR&Rs.) Any attendee behaving inappropriately will be asked to leave and the parent/guardian will be notified. 9. Students requiring medication and/or supplies must complete and return the MEDICAL AUTHORIZATION FORM.

If you have any questions, please send them to westfieldangp@gmail.com

Westfield High School 2025 All-Night Graduation Party

June 9, 2025

Parent Authorization and Acknowledgment of Risk

Please sign and return to the WHS Main Office or email at westfieldangp@gmail.com

By signing below, the graduate and their parent/guardian agree to the following:

- The ANGP is a PTSA School-Sponsored event. All the provisions in the Fairfax County Student Rights and Responsibilities (SR&Rs 2024-2025) apply to the event.
- The graduate and his/her parent/guardian are responsible for the graduate's actions.
- We have read and agree to the attached attendance guidelines.
- The parent/guardian and graduate agree to respect and accept the decisions made by the ANGP committee and its volunteers regarding any actions pertaining to the graduate and the attendance rules.
- The parent/guardian MUST be available by phone throughout the night.
- A graduate suspected of being intoxicated by alcohol or drugs, or who smells of alcohol or drugs during check-in will NOT be allowed to attend the event. If a graduate is suspected of intoxication during the event, he/she will be removed. In the event of such an issue, the student will be held in a separate area and WHS security personnel (including police officers on duty for the event) will be notified. The listed parent/guardian will be asked to come pick up the graduate and transport him/her home. The graduate WILL NOT BE ALLOWED TO DRIVE HIMSELF/HERSELF HOME and will be held until the parent/guardian arrives.
- Any graduate who causes a disturbance during the event will be asked to leave. Disturbances include physical fighting, yelling angrily at another graduate or adult in attendance, stealing, improper touching as defined in the SR&Rs, and any destruction of property. The parent/guardian of the graduate will be asked to pick the graduate up and transport him/her home.

We, the undersigned, hereby release and agree to hold the Westfield High School PTSA, the 2024 ANGP Committee, and its volunteers, employees, and other officers, staff members, and agents blameless from any claims that may arise from my use and/or my child's use or presence on and at such premises and activities. To the best of our knowledge, the graduate/my child is physically able to participate in this celebration safely and all associated activities.

Student Name (Printed)

Student Signature

Date

Parent/Guardian Name (Printed)

Parent/Guardian Signature*

Date

*** Parents/Guardians must sign even if the graduate is 18 years of age or older.**

**EMERGENCY CARE INFORMATION AND MEDICAL AUTHORIZATION
WHS 2025 ALL NIGHT GRADUATION PARTY**

In the case of an emergency, volunteers staffing the party will call 911. Every effort will be made to contact a parent, a guardian, or a designated emergency contact. All information below is MANDATORY.

STUDENT NAME: _____

IN CASE OF EMERGENCY DURING THE ANGP, CONTACT:

Printed Parent/Guardian Name(s): _____

Home Phone Number: _____

Cell Phone Number: _____

LIST TWO (2) PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIANS CANNOT BE REACHED:

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

INSURANCE INFORMATION

My child has medical coverage with _____
(insurance carrier)

Please indicate all current health conditions that apply for your child. Write NA if there are none. _____

Allergies: Please list ALL allergies your child has. If your child is "allergy free" write NA.

Please list all medications and dosages that your child receives on a continual basis. Write NA if there are none. _____

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

***Parents must sign even if graduate is 18 years of age or older.**

COMPLETE THIS SECTION OF THE FORM ONLY IF YOUR CHILD WILL BE CARRYING MEDICATION DURING THE PARTY

Due to medical necessity, I do hereby give my permission for my child _____, to keep on his/her person at all times for the duration of the All-Night Graduation Party celebration and to self-administer the following medication(s) and/ or medical supplies/equipment that are listed below.

Please be as specific as possible when listing. For medications, include dosages and times to be taken.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I hereby release and agree to hold the Westfield High School PTSA, the 2024 ANGP Committee and its volunteers, employees, and any of the officers, staff members, and agents blameless from any lawsuits, claims, expenses, demands or actions, etc. against them for permitting my child to carry and self-administer the above-mentioned medications and/or medical supplies/ equipment for which I have given permission.

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

***Parents must sign even if the graduate is 18 years of age or older.**