

## Teen After Hours: Water Party

Lock-in date: 6/28/2019 + Time: 6:30 to 9:30 PM

## TO BE FILLED IN BY THE YOUNG ADULT PARTICIPANT:

Name:			
		Zip code:	
	lumber:		
		Grade:	
By signing my name below, I agree to abide by all the rules of the Carroll County Public Library and to follow the directions of the chaperones. I understand that if I do not, my parents will be called and I will have to leave the Library Lock-In.			
Signature of	Participant:	Date:	
*****	******	**********	
TO BE FILLE	D IN BY THE PARENT/GU	ARDIAN OF THE YOUNG ADULT PARTICIPANT:	
I,			
-	ease Carroll County Publig the event itself.	c Library from any liability for any claim or damage which n	าลy
During the Library Lock-In, I may be reached at the following number:			
Should librar	ry staff be unable to con	tact me, an alternate contact is:	
Name:		Phone:	
We will be serving snacks. Please describe any special needs of the participant (medicine, dietary restrictions, etc.) and/or travel arrangements:			
I agree to pio	ck up my child at the libr	ary at 9:30 PM on Friday, June 28, 2019.	)   <sub>P</sub> / P
Signature of	parent/guardian:	Date:	4
Return to th	e Westminster Branch I	ibrary by Friday, June 28, 2019.	So co