



Teen After Hours: Escape From Space

Lock-in date: 9/27/2019 ♦ Time: 6:30 to 9:30 PM

TO BE FILLED IN BY THE YOUNG ADULT PARTICIPANT:

Name: _____

City: _____ Zip code: _____

Telephone Number: _____

Age: _____ School: _____ 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 FILLED IN BY THE PARENT/GUARDIAN OF THE YOUNG ADULT PARTICIPANT:

I, _____, give permission for my son/daughter, _____, to attend the Library Lock-In. I understand that this event is supervised and that the rules and regulations of CCPL will be enforced by the chaperones. I also understand that my child will be allowed supervised use of video games rated Teen or lower; view movies rated PG-13 or lower, and listen to music moderated by library staff.

I hereby release Carroll County Public Library from any liability for any claim or damage which may result during the event itself.

During the Library Lock-In, I may be reached at the following number:

Should library staff be unable to contact 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 pick up my child at the library at 9:30 PM on Friday, September 27, 2019.

Signature of parent/guardian: _____ Date: _____

Return to the Westminster Branch Library by Friday, September 27, 2019.

