



# Teen After Hours: Beat Saber VR

**Lock-in date: 3/13/2020 ♦ 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: \_\_\_\_\_

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**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, March 13, 2020.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to the Westminster Branch Library by Friday, March 13, 2020.**

