

ZOMBIE APOCALYPSE: BATTLE FOR THE CURE (TEEN LOCK-IN)

FRIDAY, 5/27/2022, 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 Carroll County Public Library and to follow the directions of the chaperons. I understand that if I do not, my parents will be called and I will have to leave the lock-in.

Signature of Participant _____

Date _____

TO BE FILLED IN BY THE PARENT/GUARDIAN OF THE YOUNG ADULT PARTICIPANT

I, _____, give permission for my child, _____, to attend the lock-in. I understand that this event is supervised and that the rules and regulations of CCPL will be enforced by the chaperons. 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 lock-In, I may be reached at: _____

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 from the library at 9:30 PM on Friday, May 27, 2022.

Signature of Parent/Guardian: _____ Date: _____

Return to CCPL's Westminster Branch by Friday, May 27, 2022.



CARROLL COUNTY
PUBLIC LIBRARY