

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 chaperones. I understand that if I do not, my parents will be called and I will have to leave the event.

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 event. 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 event, 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 _____ on _____

Signature of Parent/Guardian: _____ Date: _____

Return to CCPL's _____ by _____



CARROLL COUNTY
PUBLIC LIBRARY

— Infinite Possibilities