

### 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