I declare that my child is **at least 11 years of age** and give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the **After Hours Teen Lock In** program at the Crofton Library on **Friday, November 8, from 6:00 p.m. to 8:00 p.m.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian (please print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** **Date**

Please provide the following contact information in case of an emergency during the program. Be aware that in the case of a medical emergency, library personnel may call 911 prior to notifying this contact person.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any food allergies?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RULES OF CONDUCT FOR TEENS**

You will not be allowed to exit and re-enter the Library. Once you check in, you MUST remain in the library until the conclusion of the program. **Please make sure your ride is aware of the time the event ends and arrives promptly to pick you up.**

Inappropriate conduct includes but is not limited to:

• Threatening, disruptive, offensive, or abusive language and behavior

• Harassment of employees or other participants

• Misuse or defacement of library facility or materials

• Violating any state, federal or local law

• Violating terms of use for computers

• We shouldn’t have to say it… but please, keep your hands to yourself!

I agree to comply with the rules for the **After Hours Teen Lock In** program. I agree to follow directions issued by library staff. I understand that library employees are authorized to enforce these rules. I understand that the library reserves the right to revoke or restrict event privileges of any user for conduct contrary to these rules.

**Printed Name of Teen:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Teen:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_