

# WPL TEEN SUMMER LIBRARY PROGRAM END OF SUMMER LOCK-IN PERMISSION SLIP

## Lock-In details:

- Friday, August 7 from 5:00 to 9:00 p.m.
- Teens going into grades 7-12 are invited to attend.
- A movie, pizza, Wii games, crafts, henna and other activities will be available to teens.
- The doors will be locked at 5:00 p.m. and unlocked at 9:00 p.m. No one will be allowed to arrive late or leave early unless there is an emergency. **All teen participants must have their permission slip signed and turned in to the Reference Desk in order to attend the lock-in. Siblings may be listed on the same permission slip.**
- **Teen participants must be in the Community Room by 4:55 p.m. for check-in.**
- Grand Prize Drawing will take place at the end of the night. Teens do not have to be present to win.

## To be filled out by the parent/guardian of the teen attending:

I understand that this event will be supervised by competent adults and that activities have been planned with consideration for the general safety and supervision of the youth participating.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable

I hereby release the Waukesha Public Library, the City of Waukesha and its employees, volunteers or agents from any liability and from any and all claims against them, individually or collectively, for any accidents, injuries or illness that may occur to my child from his or her participation in this library program.

I understand that I will be available to pick-up my child in the case that he/she is asked to leave the lock-in due to inappropriate behavior.

**During the time of the lock in I may be reached at this number:** \_\_\_\_\_

When leaving the lock-in: (circle one)

I will pick up my teen

My teen will go home with a friend

My teen will drive themselves home

Other: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## To be filled out by the teen participant:

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

Telephone/Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School next year: \_\_\_\_\_

By signing my name below, I agree to abide by the rules set forth by the library and to follow the direction of the staff chaperones. I understand that if I do not, my parent/guardian will be called and I will be asked to leave the lock-in.

**Signature of Teen Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_