

TEEN LOCK-IN

**TRAVERSE AREA DISTRICT LIBRARY
MAIN BRANCH, TRAVERSE CITY
8:00PM FRIDAY AUGUST 2, 2024 – 8:00AM SATURDAY AUGUST 3, 2024**

Permission Slip

TO BE FILLED IN BY THE TEEN PARTICIPANT:

Name: _____ Age: _____

How can we contact you if we have questions? Please give us one contact method.

Email: _____

Text: _____

Phone: _____

By signing my name below, I agree to abide by the rules of the 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 Teen Lock-In.

Signature of Participant: _____ Date: _____

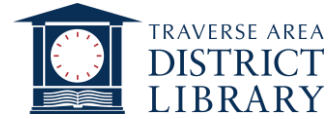
TO BE FILLED IN BY THE PARENT/GUARDIAN OF THE YOUNG ADULT PARTICIPANT:

I, _____, give permission for my child, _____,
(Name of parent or legal guardian) (Name of child)

to attend the lock-in at the Traverse Area District Library Main Woodmere branch Friday, August 2, 2024 at 8:00PM to Saturday, August 3, 2024 at 8:00AM. I understand that this event is supervised and regulations of the Library are to be followed.

Teens may bring movies, music or video games. However, only those with teen appropriate ratings, such as PG13, E-T or TV14, will be permitted. Pizza, snacks, and breakfast will be provided by the library. Any kind of sleeping bags, pillows or bed items must be brought by the teen. The Library will not be held responsible for damage or theft of personal items. A place will be provided for teens to lock up items when not in use.

I hereby release the Traverse Area District Library from any liability for any claim or damage which may result during the event itself.



During the time of the Teen Lock-In, I may be reached at the following number:

Print Name _____ Phone: _____

Should the Library be unable to contact me, an alternative contact is:

Print Name: _____ Phone: _____

Please describe any special needs of the participant (allergies, medicines, dietary restrictions, etc.):

My child is able to take his/her own medicine during the evening if needed: Yes/No

Teens may be picked up at the main entrance to the Traverse Area District Library. Please select one option.

I agree to pick up my teen at 8:00am on Saturday, August 3, 2024.

My teen may leave on their own at 8:00am on Saturday, August 3, 2024.

I need to pick up my teen at an alternative time of

My teen may leave on their own at an alternative time of

Signature of parent/guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO THE

Traverse Area District Library Main Woodmere Branch
610 Woodmere Ave, Traverse City Michigan, 49686

BY 8:00PM ON MONDAY, JULY 29, 2024

YOUR TEEN MUST TURN IN THIS FORM TO ATTEND THE LOCK-IN.