



After Hours Event
EPL Teen LOFT LOFT Party
Registration Form and Parental Permission Slip

TO BE FILLED IN BY THE TEEN PARTICIPANT:

Participant's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

By signing my name below, I agree to abide by all the rules of the Evanston Public Library and to follow the directions of the Library staff. I understand that if I do not, my parents/guardians will be called and will be required to come pick me up. I also understand that if I do not arrive at the library on time, I will not be able to enter the library to attend the event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE FILLED IN BY THE TEEN PARTICIPANT'S PARENT/GUARDIAN:

I, \_\_\_\_\_, (please print name) am the parent/guardian of \_\_\_\_\_ who desires to participate in the Teen LOFT after hours event at the Teen LOFT of the Evanston Public Library on Friday, January 31, 2020 from 7:00-11pm. The building will be closed to the general public and remain locked during the event for the safety of both staff and participating teens. Teens must arrive on time in order to attend the event. Doors will be unlocked at 11 pm so that teens can leave or be picked up by parents. I give permission for my child to attend Evanston Public Library's Teen LOFT After Hours party event. I hereby assume all risk of injury, damage and harm to my child which may arise from my child's use of the facilities and participation in the after-hours event. I further agree to release and hold harmless the Evanston Public Library and its employees and accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs caused by or incurred by my child while at this event.

Parent/Guardian Initials: \_\_\_\_\_ I understand that this event is supervised and that the rules and regulations of Evanston Public Library will be enforced by the Library staff. I understand that if my child engages in inappropriate behavior, I will be called and asked to pick my child up immediately. Parent/Guardian Initials: \_\_\_\_\_

During the time of the after-hours event, I may be reached at the following phone number:

\_\_\_\_\_

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

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

When leaving the after-hours event: (check one)

- I will pick up my teen
My teen will go home on their own

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_