

Dear Parent/Guardian,

In order for your child to participate in the Teen Lock-in program at the Ruby Sisson Memorial Library on Friday, October 26th, this permission slip MUST be filled out and with your child upon entry to the program.

Participants must be ages 12-17 to attend this program. The Teen Lock-in will begin at 5:00 p.m. Food will be ordered and delivered shortly after 5 p.m. All participants must be in the building by 5:00 p.m., when the library closes, to attend the lock-in. Late arrivals will not be admitted. Teens must be picked up from the library at 7:00 p.m. Participants will not be allowed to leave early, except in cases of emergency or illness. For their safety, children not picked up by 7:15 p.m. will be taken into custody by the Pagosa Springs Police Department. In case of emergency, you may call the Teen Services Librarian, Claire, at (970) 264-2209. Please only call in cases of emergency. Attendees will have the opportunity to watch a PG-13 (or lower) rated film, participate in games, crafts, and more.

TEEN LIBRARY LOCK-IN PERMISSION SLIP

I give my son/daughter _____ permission to participate in the Teen Library Lock-in program at the Ruby Sisson Memorial Library on Friday, October 26, 2018, from 5:00 to 7:00 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: _____