**Warren County Memorial Library**

**Lock-in Permission Slip**

I grant my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Video Game Club Lock-in **beginning** **Thursday, July 27th at 3:30pm** and **ending on the same day at 10:00pm** at Warren County Memorial Library, 119 S Front St., Warrenton, NC. Participants must be at least 12 years old.

Permission forms must be turned in by Monday, July 17th at 7:00pm. No permission forms will be accepted after that date or the evening of the lock-in. Seats are limited and will be allocated on a first-come, first-served basis.

**By signing this permission form, I understand the following:**

* My teen must arrive between 3:30pm and 7:00pm. At 7:00pm the doors will be locked and late arrivals will not be permitted inside.
* I will be called if my teen does not arrive at the event before 7:00pm.
* I must provide a contact number where I can be reached during the lock-in in case of emergency.
* My teen will not be permitted to act in a manner deemed unacceptable by the library staff or chaperones. I will be called if there is any unacceptable behavior regardless of the time.
* My teen will be served pizza at this event. If there are any food allergies or medical concerns, I will let library staff know at least a week before the event starts and supply an alternative meal for them to eat.
* My signature below also gives permission for my teen to play video games rated T for Teens or below, as well as games with unrated community-generated content during the lock-in.
* My signature below also gives the library permission to take photos and record videos of my teen during the event and use them to promote the library, its programming, and its services.
* The library is not responsible for any problems that arise from my teen returning home via the method I choose below or from them refusing to adhere to the behavioral guidelines set by library staff and/or chaperones.

My teen will get home by: ☐ Walking ☐ Driving ☐ Picked Up By Parent/Guardian

 ☐ Riding with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Their Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If they will be leaving or picked up early, please put the approximate time here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Information**

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

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Main Phone Number Alternative Phone Number

In the event of an emergency where medical attention is required, I hereby grant permission to the library staff to obtain services from a licensed physician.

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