



TEEN WINTER LOCK-IN

Friday January 26, 2024—6:30-Midnight



TRAVERSE AREA DISTRICT LIBRARY
MAIN BRANCH, TRAVERSE CITY

**PLEASE BRING THIS PERMISSION SLIP WITH YOU
YOU MAY NOT PARTICIPATE WITHOUT IT**

TO BE FILLED IN BY THE TEEN PARTICIPANT:

AGES 13-18 ONLY

Name: _____ Age: _____

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, January 26, 2024 at 6:30 PM to Saturday, January 27, 2024 at 12:00AM. I understand that this event is supervised and regulations of the Library are to be followed.

Pizza, snacks, and hot cocoa will be provided by the library. The Library will not be held responsible for damage or theft of personal items. By request, a place will be provided for teens to lock up items.

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, please call this individual if there is an emergency:

Print Name _____ Phone: _____

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

I will pick up my teen at midnight.

My teen may leave on their own at midnight.

Signature of parent/guardian: _____ Date: _____