

Ghost Hunt Lock-in at Memorial Hall Library
Teens entering 6th-12th Grades
Friday, October 27, 2017
5pm-8pm

Parental Permission Slip

Teens must also register online at <http://mhl.org/ghost/>

TO BE FILLED IN BY THE TEEN PARTICIPANT (Teens entering 6-12 only)

Name: _____

Address: _____

Phone Number: _____

Age: _____ School: _____

Grade: _____

I agree to abide by all the rules of the library and to follow the directions of the chaperones. I understand that if I do not, my parent or guardian will be called and I will have to leave the Lock-In.

Signature of Teen Participant: _____

Date: _____

TO BE FILLED IN BY THE PARENT/GUARDIAN OF THE TEEN PARTICIPANT

I, _____, give permission for my teen,
_____, to attend the Library Lock-In. I

understand that this event is supervised and that the rules of the library will be enforced by the chaperones. I also understand that my child may be allowed to use the library computers. I understand that the "ghost hunt" is for entertainment purposes only.

I hereby release Memorial Hall Library from any liability for any claim or damage which may result during the event.

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

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

Name: _____

Phone: _____

A meal will be provided at the lock-in. Please describe any special needs and/or allergies your child may have:

I agree to pick up my child at Memorial Hall Library's parking lot entrance at 8pm on Friday, October 27th.

Signature of parent/guardian: _____

Date: _____
