

## Library After Dark Permission Slip

Dear Parent/Guardian,

On Thursday, February 29th at 7pm-11pm, the library will be hosting a teen Library After Dark program. This program will take place at the library after closing, and the teens will get to play games under the supervision of library staff and approved volunteers. This program is for teens only (ages 12-17).

Please fill out this form and turn it in to library staff by **February 27th**. Late permission slips will not be accepted. Completed forms may be turned in to a staff member at the library, or emailed to [maridza.vasquez@crete.ne.gov](mailto:maridza.vasquez@crete.ne.gov). Teens must have a form completed in order to participate in Library After Dark.

Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in the Library After Dark program on Thursday, February 29th, 2024 from 7 pm-11 pm at Crete Public Library. My child will not be allowed to exit and reenter the facility and no new arrivals will be permitted after 7:10pm. I understand that my child must be picked up promptly at 11pm.

Name of Parent/Guardian (print): \_\_\_\_\_

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

If you have any questions or concerns, email [maridza.vasquez@crete.ne.gov](mailto:maridza.vasquez@crete.ne.gov) or call the library at 402-826-3809.

## Consent Form and Liability Waiver

I hereby give permission for \_\_\_\_\_ to attend the Library After Dark Program at Crete Public Library. I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and hold harmless Crete Public Library and their staff from any all damages and causes of action either at law or in equity which I or my child may have as a result of participation in or attendance at this activity sponsored by the library.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **In Case of Medical Emergency**

I give permission for the supervising adults at Crete Public Library to contact 911 for medical assistance for my child named above, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately if any emergency arises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Behavior**

My minor child and I understand that violations of Crete Public Library's Code of Conduct policy or the enjoyment of others at this event will result in expulsion from the event.

Parent/Guardian agrees to be available at one of the phone numbers listed above the night of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date