

**Parent Permission Slip for Pack Memorial Library's
"Teens After Dark" Program**

I, _____, give permission for my child, _____, to participate in Pack Memorial Library's **"Teens After Dark" program on Saturday, August 9 from 5:30-10 pm.** Attendees can be dropped off at the front entrance of the Library on Haywood St. between 5:30 and 6 pm. The building will remain locked during the event for the safety of both staff and participating teens. Teens must arrive on time in order to attend the event. No one may enter or leave between 6 pm and 9:30 pm unless there is an emergency. Parents should be at the Library to pick up their child no later than 9:50 pm as the event ends promptly at 10 pm.

I give permission for my child to attend this event and assume all risk of injury, damage, and harm to my child which may arise from my child's use of the facilities and participation in the event. I further agree to release and hold harmless Buncombe County Public Library and its employees and accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs caused by or incurred by my child while at this event.

I also understand that this event is open to teens ages 13 – 18 only. Library staff will be on site all evening. Teens will only have permission to be in the designated areas of the lower level of the Library. Library staff will enforce Buncombe County Public Library rules of conduct during this event. I understand that I will be called and asked to pick up my child immediately if they chose to engage in inappropriate behavior.

In case of an emergency, please contact:

1. _____
Name Relationship Phone Number

2. _____
Name Relationship Phone Number

Parent/guardian's signature

Date

**Teen Agreement Slip for Pack Memorial Library's
"Teens After Dark" Program**

To be filled in by the teen participant:

Participant's name: _____

Address: _____

Cell phone number (if applicable): _____

Age: _____ **Grade:** _____

By signing my name below, I agree to abide by all the rules of Buncombe County Public Library and to follow the directions of Library staff. I will remain in the designated areas of the lower level of the Library at all times. I understand that if I do not, my parents/guardians will be called and will be required to come pick me up. I also understand that if I do not arrive at the Library on time, I will not be able to enter the Library to attend the event.

Signature of Participant: _____ **Date:** _____

**Parent Permission Slip for Pack Memorial Library's
"Tweens After Dark" Program**

I, _____, give permission for my child, _____, to participate in Pack Memorial Library's **"Tweens After Dark" program on Saturday, August 2 from 5:30-8 pm.** Attendees can be dropped off at the front entrance of the Library on Haywood St. between 5:30 and 6 pm. The building will remain locked during the event for the safety of both staff and participating tweens. Tweens must arrive on time in order to attend the event. Parents should be at the Library to pick up their child no later than 7:50 pm as the event ends promptly at 8 pm. Per library policy, children 10 and under must have an adult present in the library. Parents are welcome to stay in the parent lounge during the program.

I give permission for my child to attend this event and assume all risk of injury, damage, and harm to my child which may arise from my child's use of the facilities and participation in the event. I further agree to release and hold harmless Buncombe County Public Library and its employees and accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs caused by or incurred by my child while at this event.

I also understand that this event is open to tweens ages 10-12 only. Library staff will be on site all evening. Tweens will only have permission to be in the designated areas of the lower level of the Library. Library staff will enforce Buncombe County Public Library rules of conduct during this event. I understand that I will be called and asked to pick up my child immediately if they chose to engage in inappropriate behavior.

In case of an emergency, please contact:

1. _____
Name Relationship Phone Number

2. _____
Name Relationship Phone Number

Parent/guardian's signature

Date

**Tween Agreement Slip for Pack Memorial Library's
"Tweens After Dark" Program**

To be filled in by the tween participant:

Participant's name: _____

Address: _____

Cell phone number (if applicable): _____

Age: _____ **Grade:** _____

By signing my name below, I agree to abide by all the rules of Buncombe County Public Library and to follow the directions of Library staff. I will remain in the designated areas of the lower level of the Library at all times. I understand that if I do not, my parents/guardians will be called and will be required to come pick me up. I also understand that if I do not arrive at the Library on time, I will not be able to enter the Library to attend the event.

Signature of Participant: _____ **Date:** _____