Rules, Policies, And General Information

Registration for this event is due no later than ***Wednesday, December 7, 2022***. Registration for this event is open to ***grades 7-12*.**

PLEASE NOTE: a signed permission slip **is required** for each participant (see next page).

* All participants are required to check-in on the night of the event. ONLY a parent, legal guardian, or pre-designated adult will be allowed to sign out each child at the end of the evening.
* Drop off and pick up of your child will be in the west parking lot entrance.
* Program participants will not be allowed to leave the library at any time. If this rule is broken, the participant’s parent or legal guardian will be called and must pick up his/her child.

* Participants must be respectful of others (including staff, volunteers, and all other participants) and their physical boundaries and of the Library building.
* The event ends at ***9:00pm***, and participants must be picked up no later than ***9:15 pm***. Any participant not picked up by that time will be escorted to the New Lenox Police Department (200 Veterans Pkwy, 815.485.2500 / 815.462.6100) where only his/her parent(s) or pre-designated individuals will be allowed to pick him/her up.

* No non-prescription drugs, alcohol, weapons, etc. are allowed at any time inside the Library building or on Library grounds.
* We will have food at the event. Please let staff know if you/your child has any food-related allergies.

* You may speak with a staff member at the Library at any time during the event by calling or texting ***815-655-2670.***

New Lenox Public Library

Holiday Movie After Hours Party Permission Slip and Photo Release

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, I grant permission for him/her to attend **the Holiday Movie After Hours** at the New Lenox Public Library. We will be watching the movie Elf ©New Line Cinema, PG.

I also grant photo release permission to the Library to use any pictures taken of him/her at the event and to post the picture(s) and name (first name only) in any Library publications. I understand that no further identification of the minor child will be provided by the Library on any Library marketing materials.

I have read and agree to the rules and policies for this event and understand that if for any reason my child must leave early, only the following persons, including me, are authorized to sign him/her out of the event. I also understand that my child is not allowed to leave the library premises at any time during the event and may not leave at the end of the event with anyone else besides one of the following authorized persons, including me. Should my child not be picked up by 8:45pm, I understand that he/she will be escorted to the New Lenox Police Department (815.485.2500/815.462.6100) where he/she will be picked up by a pre-designated adult, including me. I may speak with a staff member at the Library at any time during the event by by calling or texting 815-655-2670.

In consideration of the Library giving its time and supervision of such activity, I hereby personally on behalf of my child and myself release and discharge the Library, IRS officers, employees, and volunteers from any claim which may arise as a result of my child’s participation in the event.

Parent/Legal Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Grade \_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following persons are authorized to sign my child out of the event, and upon doing so must present a photo ID to staff (please list all possible persons):

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

**(as it appears on ID) (as it appears on ID)**

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I understand that the parent or legal guardian will be notified. In the event that I cannot be reached, the Library has permission to contact any of the above listed authorized persons.