

# Sarasota County Library System Parent Permission Slip

**Library Program:** Afterschool Excitement

**Location:** North Port Public Library

13800 Tamiami Trail

**Date/Time:** Monday-Friday (when school is in session)

2:30-4:30 P.M.

**Library Contact:** Marcus Gilfert-Mgilfert@scgov.net

Riley Ivot-Rivol@scgov.net

## Program Information:

Afterschool Excitement is a program where students in grades 6-12 can enjoy free snacks, social activities, community service opportunities and STEAM Challenges directly following their school day.

**Participant's Name** *(please print)*: \_\_\_\_\_ **Age** \_\_\_\_\_

**Name of Parent or Legal Guardian** *(please print)*: \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email :** \_\_\_\_\_

I have read all the attached information and give my permission for my child to attend Afterschool Excitement at the North Port Library. I \_\_\_\_\_ (LEGAL GUARDIAN) agree to hold Sarasota County harmless for any accidents or mishaps which may involve my children. Further, I \_\_\_\_\_ (LEGAL GUARDIAN) assume all liability for my child's conduct and any incidents and specific losses arising from that conduct or participation in the event listed above and releases Sarasota County from any liability for losses arising from the event. If my child(ren) should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed. It is understood that I (LEGAL GUARDIAN) will be responsible for expenses incurred in the event of such treatment.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Relationship to Participant** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Received by Sarasota County Library System: Date:* \_\_\_\_\_

*Staff Member:* \_\_\_\_\_