

Shannon Staub Library Hallow-Teen Event

Come in your best costume and enjoy games, scare zones, prizes, escape rooms, and a ghoulish dance party at this AFTER HOURS event!

Program Date and Time: Saturday, October 26, 2019 from 7:30 p.m. – 10 p.m.

Important details:

- The event is open to tweens and teens ages 11 – 18. Aside from staff, adults will not be permitted in this event.
- Drop-off time for the event is 7:30 p.m. Pick-up time for the event is 10 p.m. All minors must be picked up by 10:15 p.m.
- A signed permission slip must be used as a ticket in on Saturday, October 26 starting at 7:30 p.m. Any minor without a permission slip will not be granted entrance into the event.**

Rules:

- Have fun!
- Participate.
- No tobacco, alcohol, or drugs (unless medically prescribed).
- Staff work areas are off-limits.
- Be respectful of others.
- Follow library rules of conduct.
- Disrespectful behavior of any kind will result in an immediate phone call home.

For more information, please contact:

Toni Salvatore | 941-861-1766 | tsalvato@scgov.net

Jose Cruz | 941-861-1749 | jcruz@scgov.net

Shannon Staub Library, 4675 Career Lane, North Port, FL 34289

**Shannon Staub Library Hallow-Teen
Saturday, October 26, 2019**

Use this form on Saturday, Oct. 26 at 7:30 p.m. to gain entry to the event

To be completed by parent or legal guardian:

Teen's Name: _____ Age: _____ Gender: _____

Name of Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone where parent/guardian can be reached DURING EVENT: _____

Alternate Emergency Contact Person _____

Alternate Emergency Phone Number _____ Relationship _____

Name of Child's Physician _____ Phone _____

Insurance Carrier and Policy Number _____

Please provide any additional information about your teen that may be helpful (allergies, medication, etc.) _____

I have read all the attached information and give my permission for my child to attend the Shannon Staub Library Hallow-Teen event at the Shannon Staub Library on Saturday, October 26. 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 release 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 (parent/guardian) will be responsible for expenses incurred in the event of such treatment.

I agree to pick up my child at 10:00 p.m. on Saturday, October 26 at the Shannon Staub Library.

Signature of Responsible Party: _____ Date _____

Relationship to Participant: _____

Received by Sarasota County: _____

(Date & Name)

This registration form must be returned IN PERSON to gain entry into the event on **Saturday, October 26, 2019**. One form must be completed for EACH attendee. Attendance is limited to teens ages 11-18 only.