Permission Slip

I give permission for my teen to participate in a private, after-hours MCPL Teen Lock In. I understand that my teen is responsible for their personal property. Bullying, threatening, intolerance, or any behavior that is against the MCPL Conduct Policy will be grounds for immediate dismissal from the event. I agree that my teen's photo and/or artwork to be used in MCPL publicity. **Due to safety concerns, no one will be let in after the first 15 minutes of the event and no one will be let out before 15 minutes from end of the event. Don't get locked out of this lock-in!**

Parent/Guardian Printed Nam	ie:		
Parent/Guardian Signature: _			
Teen Printed Name:			
Teen Signature:			
Date and Time of Event:			
Location of Event:			
Emergency Contact Informati	on:		
(Alexan)	(D.L.L.,)	at	 (Phone)
(Name)			
(Name)	(Relationship)	at	 (Phone)
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Parent/Guardian Signature: _			
Teen Printed Name:			
Teen Signature:			
Date and Time of Event:			
Location of Event:			
Emergency Contact Informati	on:		
(Nama)	,(Relationship)	at	
(Name)	, , , , , , , , , , , , , , , , , , , ,	at	(Phone)
(Name)	,(Relationship)	at	(Phone)