2018 Tween/Teen Summer Reading Kick-Off Party! June 22nd – from 5:30pm until 8:45pm (*NOTE* -- The library closes at 6pm)

Registration Form and Parental Permission Slip

TO BE FILLED IN BY THE TWEEN/TEEN PARTICIPANT:

Participant's Name:	P	hone:	
Address:			
E-mail:	Age: Grade: _	School:	
By signing my name below, I agree to abide by all the chaperones. I understand that if I do not, my per me up, regardless of the time.			
Signature of Tween/Teen Participant:		Date:	
TO BE FILLED IN BY THE PARTICIP	ANT'S PARENT	/GUARDIAN:	
I, (please print name)	ot Greenbush Commu and that the rules and	, give, give unity Summer Reading Kick-Off regulations of the Library will be	
Community Library and its employees, board members chaperones and successors and assign from all action way growing out of all known or unknown personal injuevent. I hereby accept all responsibility for my child an	ion for the acceptance of my child in the Kick-Off Party, I hereby release the East Greenbush library and its employees, board members, sponsors and, their representatives, volunteers, and successors and assign from all actions, claims, damages, causes of actions and costs in any out of all known or unknown personal injuries or property damage resulting in any way from said by accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs incurred by my child while at this event. I also agree to pick up my child, regardless of the time, if so not follow the rules.		
During the time of the Kick-Off Party, I may be rea	ached at the following	g number:	
Should the Library be unable to contact me, an al	ternative contact is:		
Name:	Phone:		
Please describe any special needs of the particip The library will not administer any medication. Th arrangements for child's needs.			
I agree to pick up my child at the Library <u>at 8:</u> 4	<u>45pm</u> on Friday, Jur	ne 22 nd !	
Signature of parent/guardian:		Date:	