## **Grace A. Dow Memorial Library Teen Takeover**

## Teen Takeover Details:

Please list any allergies:

- The date of the program is Friday, July 18, 2025, from 6:00-8:00 pm
- Teens must arrive by 6:30 pm at the absolute latest. The building will be locked at 6:30 pm, and no one will be allowed in after that time.
- Permission slips must be turned in to the Youth Services staff during normal library hours BEFORE the start of the takeover.
- Teens can enjoy a variety of activities, including board games, karaoke, and a NERF war.
- A dinner of pizza and pop will be provided.
- Teens need to be picked up promptly at 8:00 pm and will exit through the main library doors.

Please complete the permission slip below and return it to the Youth Services Desk on or before April 10, 2024. Your child will not be able to attend unless we have a signed permission slip.

| LOCK-IN PERMISSION SLIP   |  |
|---|--|
| I give permission for my child,<br>A. Dow Memorial Library on Friday, July 18, 2025, from 6:00-8  |  |
| I understand that this is an after-hours program and that the e<br>City of Midland, the Grace A. Dow Memorial Library and all<br>injuries, illnesses, losses, or damages that may result from att                   | of its officers, agents, and employees from any liability for  |
|   |  |
| agree to provide contact number(s) and be reachable by pho  | one throughout the evening if the need arises.   |
| My child agrees to follow rules and stay in the designated are lagree to provide contact number(s) and be reachable by phomy child will be responsible for knowing what they can and cape arent/Guardian Signature: | one throughout the evening if the need arises. annot eat and avoiding items to which they are allergic.                      |
| I agree to provide contact number(s) and be reachable by pho<br>My child will be responsible for knowing what they can and ca   | one throughout the evening if the need arises.  annot eat and avoiding items to which they are allergic.  Date:              |
| l agree to provide contact number(s) and be reachable by pho<br>My child will be responsible for knowing what they can and co   | one throughout the evening if the need arises.  annot eat and avoiding items to which they are allergic.  Date:  Date:       |
| l agree to provide contact number(s) and be reachable by pho<br>My child will be responsible for knowing what they can and ca<br>Parent/Guardian Signature:   | one throughout the evening if the need arises.  annot eat and avoiding items to which they are allergic.  Date:  Date:  Age: |