

Marengo-Union Library District

Kickball Event at Locust School



I grant my permission for _____ to participate in the Marengo-Union Library District's Kickball activity at Locust School on Monday, June 19th from **10:00-11:00 am**.

By signing this permission slip I understand the following:

- I must provide a phone number where I can be reached during the evening in case of emergency.
- I will be called to pick up my child if they act in a manner deemed unacceptable by the library staff and/or adult volunteers.
- I ensure my child is dropped off promptly at 10:00 AM and picked up promptly at 11:30 AM unless parent or guardian indicates otherwise in writing
- The library accepts no responsibility for any accident/injury to my child or accident/injury that my child may cause to others.
- My child will be held responsible for any damage done to Locust School property and/or equipment.
- I understand that any photographs taken by library staff may be used to promote the library and library programs.

Parent/Guardian Signature

Date

Medical/Personal Information:

Name: _____ Age: _____ DOB: _____

Address: _____

Parent Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Please provide any information about your child that might be helpful (allergies, medications etc.) :

In the case of an emergency where medical attention is required, I hereby grant permission to the Marengo-Union Library District staff to obtain medical assistance and consent to any medical treatment as deemed necessary by emergency medical personnel.

Parent/Guardian Signature

Date

Please return this permission slip to the library no later than _____.

Registration for the event will not be allowed until a completed permission slip is turned in.

Questions: Contact Jacob Dotson at jdotson@muld.org or call 815 568-8236

Staff Use: Permission Slip Turned in Date: _____ Registered for Program: ☐ Date: _____ Staff Initials: _____