



Galesburg Public Library's After Hours Nerf Lock-In

Friday, January 16, 2026, 6:00 – 9:00 PM

Registration Form and Parental Permission Slip

Please enter through the library's parking lot entrance. Please show up on time for this event – the entrance will be locked by 6:10 PM and will remain locked for the duration of the program. The event ends at 9:00 PM; participants must be picked up promptly. Teens may not leave early unless they are picked up by parents.

Please return the completed form to the GPL Reference Desk before the library closes on Friday, January 16.
NO PERMISSION SLIP = NO PROGRAM!

If the event is postponed due to inclement weather, the reschedule date will be Friday, January 30 from 6:00-9:00 PM. A new permission slip will not be required.

TO BE FILLED IN BY THE TEEN:

Name: _____

Address: _____

Phone: _____

Age: _____ School/Equivalent: _____ Grade: _____

By signing my name below, I agree to abide by all the rules of the program and to follow the directions of staff members. I understand that if I do not abide by these rules, my parents will be called and will be required to come pick me up.

Signature of Teen: _____ Date: _____

TO BE FILLED IN BY A PARENT OR LEGAL GUARDIAN:

I, _____, (please print name) give permission for my child to attend Galesburg Public Library's After Hours Nerf Lock-In. I understand that this event is supervised and that the rules and regulations of the library will be enforced by the chaperones.

I agree to release Galesburg Public Library and all employees from responsibility for any accidents, injuries, medical costs, or loss of personal items resulting from said event. I hereby accept all responsibility for my child and will pay for any injuries, losses, or costs incurred by my child at this event. By signing this form, I also give permission for my child to be photographed at this event and the photos to be used in Galesburg Public Library promotion.

During the time of After Hours Nerf Lock-In, I may be reached at the following number: _____

Should the library be unable to contact me, an alternative contact is:

Name: _____ Phone: _____

Please describe any special needs of your teen below (medicine, dietary restrictions, etc.).
The library will not be responsible for administering any medication.

I agree to pick up my child at the conclusion of the event on Friday, January 16, 2026.

Signature of parent/guardian: _____