



Portland Library Game Night
Friday, February 24, 2017 from 6:00 p.m.-8:00 p.m.
20 Freestone Avenue, Portland (860) 342-6770
Grades 5 & Up Welcome
Parental Consent, Release and Waiver of Liability

Minor's Name _____

Name of Parent / Guardian _____

Address _____

Home Phone Number _____ **Cell Number** _____

Alternate Emergency Contact Person _____

Phone Number _____

Please provide any additional information about the Minor that may be helpful (allergies, medications, medical conditions, etc.)

Consent and Liability Waiver

I give my permission for _____ to attend the Teen Library Gaming Night on Friday, February 24 from 6:00-8:00 p.m. at the Portland Library.

******I agree to pick up my child by 8:00 p.m. at the entrance of the Library.**

Parent's Signature _____

Please Keep for Your Records

Contact Staff: Jennifer Renk

Contact Cell Number: 860-205-5473

Event Location: 20 Freestone Avenue, Portland CT

******I agree to pick up my child by 8:00 p.m. at the entrance of the Portland Library**