



Nanaimo North Teen Lock-In Permission Form - PARENT/GUARDIAN COPY

EVENT: Dragon Teen Lock-In

EVENT DATE: Friday, March 27, 2026 from 5:30-8:30 pm

EVENT LOCATION: Nanaimo North Library, 6250 Hammond Bay Road

DROP OFF TIME: **5:15-5:30 pm** – please do not be late, unless you have been in touch in advance!

PICK UP TIME: **8:30-8:45 pm** by an approved adult.

- Participants must be **12-18** years of age on or before March 27, 2026 in order to attend this program.
- The event will begin in the meeting room by the front doors. All lock-in participants will be in that room for the first half hour (5:30-6 pm). Then, when the library closes at 6 pm, participants will have use of the entire library.
- I understand this program may include the following activities, and my child has permission to participate in all of them:
 - Games, electronic and tabletop
 - Crafts
 - "How to Train Your Dragon" (2025) movie viewing
- We will also be serving pizza (including meatless), snacks, and soft drinks, so please indicate on the following page if your child has any life-threatening allergies.* We are unable to guarantee that we can accommodate other special dietary needs, so please ensure that your child has eaten and/or brings suitable snacks to the event if this is a concern.
- Pickup will be from **8:30-8:45 pm**. Teens must be picked up from the library **no later than 8:45 pm by an approved adult**. The person picking you up **must meet you at the door**; you will not be released to someone in a waiting car. Teens with permission to walk home will be allowed to leave on their own.
- Participants will not be allowed to leave early, except in cases of emergency or illness, and only with an approved adult.
- Teens agree to follow all the rules of behaviour in the library, including:
 - Listening to and following direction of staff;
 - Staying out of areas designated off-limits;
 - Respecting all participants.
- If a teen is unable to follow direction of library staff, they will be given two warnings before they will be asked to call a parent to leave early.
- There will be at least two staff members present during the lock-in, with the adult:teen ratio being no more than 15 teens per adult.

If you need to reach your child in the event of an **emergency**, and cannot reach them on their own cell phone, you may contact librarian Julie Carter at 250-895-1371.

PARENT/GUARDIAN COPY: PLEASE KEEP



Nanaimo North Teen Lock-In Permission Form - LIBRARY COPY

In order for your teen to participate in the Teen Lock-in program at the Nanaimo North Library on **Friday, March 27**, this permission slip must be completed, signed – by both you and your teen – and returned to the Nanaimo North Library by **8:00 pm on Thursday, March 26**. You can also email a scan/photo of it back to us at nanaimonorth@virl.bc.ca.

By signing this form, I, the legal parent/guardian of the undersigned teen, indicate that both I and my child have read, understand, and agree to the conditions in this document; and that I give my permission for my child to attend this event and participate fully in the activities.

I understand and accept the normal risks inherent to such an activity or program, and that Vancouver Island Regional Library cannot guarantee the safety of program participants. In case of emergency, I request efforts be made to contact me or the person I have named below for this purpose. If I or my named alternate cannot be reached, or if it is prudent to render immediate aid, I hereby give permission Vancouver Island Regional Library personnel to use their best judgment in assisting my ill or injured child and in arranging medical attention. I hereby agree to indemnify and hold harmless Vancouver Island Regional Library, its agents, and employees for this activity.

I give permission to Vancouver Island Regional Library to use my child’s image in photos or video taken at this event in order to publicize or promote library activities, including the library’s website and social media pages, unless indicated below. Names of participants will not be posted or published.

I do not wish for my child’s image to be used.

NAME OF TEEN BIRTHDATE

SIGNATURE OF TEEN DATE

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN DATE

TELEPHONE: PRIMARY #: _____ ALTERNATE #: _____

MY CHILD WILL BE PICKED UP BY: _____

MY CHILD HAS MY PERMISSION TO WALK HOME

EMERGENCY CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:

NAME: _____

TELEPHONE: CELL/HOME _____

NAME(S) OF ANYONE **NOT** ALLOWED TO PICK UP YOUR CHILD:

*SEVERE ALLERGIES – please list here: _____

LIBRARY COPY: PLEASE RETURN TO LIBRARY STAFF