

Parents' Night Out

Get Ready, Get Set, Camp!!

Have a child age 6 and up who is ready to be a happy camper? Then drop off your school age child at the Library for a special, "kids only" camp out! Temporarily changed into "Camp WannaRead" there will be plenty of activities to keep your child busily entertained while adults enjoy a night out on the town in Historic Kissimmee!

Parents and care-givers will check-in kids at the front desk starting at 6:30pm. Kids will be whisked upstairs to make crafts, play games, watch a movie, listen to a storytime, and be entertained by the talented Magician, Glen Foster! Kids aren't the only ones having fun, though. Likewise, parents can "live it up" by enjoying a night out in Historic Kissimmee! Downtown businesses are partnering with the Library by offering special discounts to parents and caregivers who participate in this special event.

Space is limited for this free program, so please pre-register to reserve a spot for your young adventurer! Pre-registration begins on August 1, 2009. For complete details or to register your child, please visit the Library's website at www.OsceolaLibrary.Org or call 407.742.8888.

Parents' Night Out Parental Permission Form

Friday, September 4, 2009, from 6:30 to 10:00 pm

Child's Name _____ Age: _____
Parent Name _____ Phone Number _____

I, the undersigned, am the parent, the parent having legal custody, or the legal guardian of _____, a minor, and have given my consent for him/her to attend a "Camp Out" at the Hart Memorial Central Library during "Parents' Night Out" on Friday, September 4, 2009, from 6:30- 10:00 pm. The building will be locked during this event to ensure the safety of both the staff and participating children. By 10:00 pm, I am required to pick up my child at the front desk, whereupon I will produce valid photo identification.

I understand that if my child engages in inappropriate behavior I will be called and asked to pick him/her up immediately.

In consideration of participation in the "Camp Out", I give permission for my child to participate in all activities offered that night. I, for myself and my personal representatives, heirs, and/or next of kin, release, waive, discharge, and covenant not to sue Osceola County, its officers, directors, employees, representatives, agents, and volunteers, from all liability to Osceola County, including its personal representatives, from all liability to myself, my personal representatives, assigns, heirs, and/or next of kin for all loss or damage, and any claim or damage therefore, on account of participation in the "Camp Out." In the event of an emergency where medical treatment is required, if I cannot be contacted, I give my permission to the sponsor to obtain the services of available medical personnel.

I hereby declare that I am of legal age, am competent to sign this release, understand the terms and agree to be bound by same, and sign it of my own free will.

Parent Signature _____ **Date** _____
This person has permission to pick up my child and will be expected to produce valid photo identification: _____

Parent/Guardian: _____
Print Name _____ Relation to child _____
Phone number where I may be reached during the event: _____
Home Phone: _____ Cell Phone: _____

My child **does not** **does** have allergies. Please explain what allergies and what needs to be done in the event of an allergic reaction: _____

Additional Emergency Contacts:

Name/ Relation to child Phone: _____

Name/ Relation to child Phone: _____

Insurance Company: _____ **Policy Number:** _____