



Date of Session: _____

Age Group: _____

SUMMER READING PROGRAM REGISTRATION FORM

Name and **Age** of Child or Children:

Parent/Guardian Name and Phone Number:

Email Address: _____

Emergency _____

Allergies or Medical Conditions (that would affect participation):

A Library Card is required to register. Which do you have? Juvenile___ Family___

How did you find out about the Summer Reading Program? (please check one)

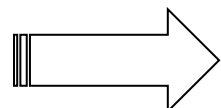
Joined Last Year___ In Library___ School Presentation___ Word of Mouth___ Radio___
Newspaper___ Posters Around Town___ Facebook___ Library Website___

I DO **or** I DO NOT want my child(ren)'s name/photo/work displayed in any newspaper, media, or in the library.
(please circle one of the above)

Payment is \$10.00 for 6-12yrs (4 sessions)
REFUNDS WILL NOT BE GIVEN

Date Payment Received: _____ **Cash or Cheque**

Parent/Guardian Signature Required – Over





SUMMER READING PROGRAM RELEASE FORM

I, the undersigned, wish to have my child(ren) participate in the summer reading program sponsored by the Wainwright Public Library. In consideration of acceptance of this program, my child(ren) being permitted to take part in this program, I hereby agree as follows:

1. To save the harmless & keep indemnified the Wainwright Public Library and its respective agents, officials, servants, and representatives from and against all claims, actions, costs and expenses and demands in respect of death, injury, loss or damage to my child(ren)'s person.
2. That I acknowledge that there is inherent risks associated with this activity and that my child(ren) could sustain personal injury through participation in this activity & that I am hereby accepting to take that risk on behalf of my child(ren).
3. That I acknowledge that in this situation untrained volunteers or staff may be involved in supervising that activity and that I shall accept the responsibility of observing my child(ren)'s participation in this activity and should I have any objection to the manner in which my child(ren) are being supervised or instructed, I accept the responsibility to remove my child(ren) from the activity.

This agreement shall be binding upon myself, my heirs, executors, and assigns. IN WITNESS WHEREOF I have here unto set my hand on _____.
(today's date)

(parent/guardian)

(witness)

The personal information collected on this registration/release form is to be used to provide you with this library program. It may be shared among Wainwright Public Library staff members in order to verify registration, inform you of program activities, provide accurate medical information in case of emergencies and for statistical purposes. It is collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosure or use of this information, please ask your librarian.