

TD Summer Reading Program 2018

Child's name _____

Age as of June 1, 2018 _____

Parent /Guardian _____

Child's Gender (circle one):

Male Female Other Prefer not to say

Email: _____

Phone: _____

All participants must complete an Acknowledgment and Parental/Guardian Consent form. A separate Consent Form must be filled out for each registrant.

Session Options:

Please Circle your child's age group:

If your child identifies as the following, please circle one:

Ages 4-6 Thursdays, 1:30pm-3:00pm

First Nations Metis Inuit Other: _____

Ages 7-12 Wednesdays, 1:00pm-3:00pm

Prefer not to say

I, the undersigned, hereby waive any and all rights and release from all claims of liability howsoever caused including claims based on negligence, the Peace River Municipal Library, its agents, volunteers or employees in relation to any acts of omission or permitted to by said Peace River Municipal Library, its agents, volunteers or employees arising from damages and /or injury whatsoever by:

_____ while attending the
Child's name

TD Summer Reading Club 2018

Signature of Parent /Guardian

Date

I understand that I must be present to supervise my child if he/she is between the ages of four and six.

BE AWARE THAT ON JULY 4TH, SRC WILL HAVE A THERAPY DOG PRESENT IN THE LIBRARY

Please note: TD Summer Reading Club rewards children with prizes based on the number of minutes they've read/been read to. In order to claim prizes at the end of the summer, please ensure reading minutes are recorded, in the log book provided upon registration, and presented to staff during weekly sessions.

Photographic consent (optional)

I, the parent/guardian of the participant do hereby give my consent for my child to be photographed while participating in the above mentioned program and **Summer Reading Club "Follow Your Passion" end party, which takes place on August 25th 2018.** Photos may be used for the purpose of the Peace River Municipal Library, publicity, including our website, and documentation.

Signature of Parent /Guardian

Date

Any personal information you do provide is managed according to the Alberta Freedom of Information and Protection of Privacy Act. Information is collected for statistics and for health/safety purposes. You have the right to access your information upon request.

Participant Health/Medical Considerations:

If your child has any known medical conditions, such as allergies (certain foods, insect/bug bites, animals, ect), that we should be aware of please list them below:

Other Considerations:

Does your child carry an EpiPen or Inhaler? Please circle: EpiPen Inhaler

If applicable, does your child know how to use the EpiPen or inhaler? Yes No

Print Child's Name

Print Parent/Guardian Name

Phone Number (Indicate Cell/Home/Work)

Name of Emergency Contact(s)

Phone Number (Indicate Cell/Home/Work)

Signature of Parent /Guardian

Date

Any personal information you do provide is managed according to the Alberta Freedom of Information and Protection of Privacy Act. Information is collected for statistics and for health/safety purposes. You have the right to access your information upon request.

**PARENT/GUARDIAN ACKNOWLEDGEMENT OF RISK
AND CONSENT FORM**
(Children Under 18 Years)

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN FOR EACH PARTICIPATING CHILD.

Location of Outing: Riverfront Park

Date(s) of activity: JULY 18th and JULY 25th

Mode(s) of transportation: WALKING

Name of the Staff-in-Charge: LEAH LAWTON, PATRICK MARTEL, CYNDI ROY

Other supervisors are:

VOLUNTEERS (1+)

Level of supervision: 1 TO 10

Purpose and Educational Objectives of the Activity:

SUMMER READING CLUB OUTING/ACTIVITY

Inherent risks (i.e. hazards, dangers, chances of injury, damage or loss) and consequences associated with the activity:

SUNBURN, SCRAPES, MINOR CUTS AND BRUISES

Safety precautions in dealing with activity:

ALL SUPERVISORS TRAINED IN FIRST AID.

Unusual factors (i.e. rigorous physical activity, park related fun) include the following:

SPRAINS/BREAKS

The following equipment, clothing food and/or personal items will be needed for this activity:

SUNSCREEN, WATER, HAT, BUG SPRAY

Emergency procedures to be followed in the event of injury, illness or unusual circumstances:

STANDARD FIRST AID
STUDENTS NEEDING TO BE TAKEN TO THE HOSPITAL WILL BE TRANSPORTED VIA
AMBULANCE AND PARENT CALLED OR PARENT CALLED FROM THE PARK

I have discussed the risks and expectations of this activity with my child and have confidence that my child has understood them. I am aware that every parent/guardian has the right to deny their child's participation in an off-site activity and that this activity is not a prerequisite for the participation in the Summer Reading Club Program. I understand that my child will be expected to uphold the behavioural expectations of the program. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I am also aware that the Peace River Municipal Library and its staff reserve the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner.

ACKNOWLEDGEMENT AND PERMISSION

WE HAVE READ THE ABOVE AND UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Name of activity: SUMMER READING CLUB OUTING

Date: JULY 18th and JULY 25th

Destination: RIVERFRONT PARK, PEACE RIVER, ALBERTA

Print Student Name

Print Parent/Guardian Name

Signature of Parent/Guardian

Date