

# TD Summer Reading Program 2024

Child's name \_\_\_\_\_

Age as of June 1, 2024 \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All participants must complete a waiver and parental /guardian consent form. A separate waiver must be filled out for each registrant.

## Session Options

Are you currently a member of the library? Yes No

Please check the box of your child's age group.

<b>Ages 4-6</b> <b>Wednesdays</b> <b>1:30-3:00 pm</b>	<b>Ages 7-9</b> <b>Thursdays</b> <b>1:00-3:00 pm</b>	<b>Ages 10-13</b> <b>Fridays</b> <b>1:00-3:00 pm</b>
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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:

\_\_\_\_\_  
Child's name

TD Summer Reading Club 2024

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

I understand that I must be present to supervise my child if they are between the ages of four to six.

**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 and submitted.

## 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. Photos may be used for the purpose of the Peace River Municipal Library, publicity, including our website, and documentation.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

## 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:

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Other Considerations:

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

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

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Print Participant's Name

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Print Parent/Guardian Name

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Phone Number (Indicate Cell/Home/Work)

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Name of Emergency Contact(s)

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Phone Number (Indicate Cell/Home/Work)

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Signature of Parent /Guardian

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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.