

# Nerf Wars 2021-2022

## At the Peace River Municipal Library

**Schedule:** Designated Fridays 4:45pm-6pm

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

Child's age: \_\_\_\_\_

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

Child's Gender (check one):

Male      Female      Other      Prefer not to say

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

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

If your child identifies as the following, please check one:      First Nations      Metis      Inuit      Other

Is your child a returnee to the program?      Yes      No

Are you currently a member of the library?      Yes      No

**At the end of "Nerf Wars" sessions my child:** (check box or fill out according to preferred option)

Has permission to walk/bike/drive home at 6:00 pm

Will be picked up by either of the following (if applicable):

Name : \_\_\_\_\_

Name : \_\_\_\_\_

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      Nerf wars  
Child's name

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

\_\_\_\_\_  
Date

### 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

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. If you have any questions about the collection and use of the information, please contact the Library Director at the Peace River Municipal Library at 780-624-4076.

## 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 check:      EpiPen      Inhaler

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

---

Print Participant'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.