

## Summer Camp @ Your Library Registration Form 2018

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medical: \_\_\_\_\_ Session: **AM** **PM**  
 School: \_\_\_\_\_ Library Card #: \_\_\_\_\_

Weeks	Spa	Sports	Science	Drama	Cooking	Creating
Attending						

Child A					
STAFF USE ONLY					
Weeks / Cost					
1	2	3	4	5	6
15	25	35	45	55	65
Total Owing					\$

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medical: \_\_\_\_\_ Session: **AM** **PM**  
 School: \_\_\_\_\_ Library Card #: \_\_\_\_\_

Weeks	Spa	Sports	Science	Drama	Cooking	Creating
Attending						

Child B					
STAFF USE ONLY					
Weeks / Cost					
1	2	3	4	5	6
15	25	35	45	55	65
Total Owing					\$

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medical: \_\_\_\_\_ Session: **AM** **PM**  
 School: \_\_\_\_\_ Library Card #: \_\_\_\_\_

Weeks	Spa	Sports	Science	Drama	Cooking	Creating
Attending						

Child C					
STAFF USE ONLY					
Weeks / Cost					
1	2	3	4	5	6
15	25	35	45	55	65
Total Owing					\$

Please make all cheques payable to  
 "Wainfleet Township Public Library"

Paid by:  Cash     Cheque

\_\_\_\_\_ Staff Signature

\_\_\_\_\_ Date

Child 1	\$
Child 2	\$
Child 3	\$
Family Total	\$

### RELEASE / WAIVER

I, \_\_\_\_\_ have admitted \_\_\_\_\_  
(Parent / Guardian) Child(ren)

into Summer Camp @ Your Library at the Wainfleet Township Public Library. I will not hold the Wainfleet Township Public Library and its employees/volunteers liable in any case of injury or illness my child(ren) might incur during participation in Summer Camp @ Your Library, including any injuries or illnesses resulting from the above information.

I grant permission to the Wainfleet Township Public Library and its employees, to take and use visual/audio images of the above named child(ren). Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The Wainfleet Township Public Library will not materially alter the original images and the images will be for use in and in promotion of the Summer Camp @ Your Library, on our website, Facebook page and in print.

I release the Wainfleet Township Public Library and its employees, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of and use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release/waiver. I have read this release/waiver before signing. I understand its content, and I freely accept the terms.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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