

Registration/Wavier Form for Summer Reading Program

Child's Name: _____ Age: _____ Grade Completed: _____

Library Card expiry date: _____

Allergies/Medications/Health Concerns: _____

_____ AHC# _____

Parents Name: _____ Phone#: _____ Cell: _____

Mailing Address: _____

Alternate Contact: _____ Phone: _____

Mornings - My Child will be attending the SRP morning program on the following weeks: (Please Check Date) July 5-9 July 12-16 July 19-23 July 26-30 Aug 3-6 Aug 9-13

Afternoons - My child will be attending the SRP afternoon programs on the following days:
 Mondays Tuesdays Wednesdays Thursdays

Reading Buddies - My child will be attending Reading Buddies Program on Friday afternoons

It is the policy of the Bon Accord Public Library to have children signed in and out of all programs. Please list everyone who is authorized to pick up your child from the library. **We WILL NOT release children to anyone not listed without prior notice.**

1. _____ 2. _____

3. _____ 4. _____

If you are allowing your child to walk to and from the library unattended please indicate below:

I hereby authorize my child _____ to leave the library without adult supervision

(Date)

(Signature of Parent of Legal Guardian)

I hereby release the Town of Bon Accord, Bon Accord Public Library, the Summer Reading Program, its employees, coordinators, instructors, agents and volunteers from any claim for loss, injury or damage to person or property, vehicles or floats involved, donated or used either directly or indirectly for the attendance. **This includes participation in any activity scheduled or unscheduled including the Harvest Days Parade and travel to and from any location for my child or myself.**

My child's name is _____ and I have fully read, understood and agreed with the terms of this waiver.

(Date)

(Signature of Parent of Legal Guardian)

Bon Accord Public Library Photo Release Form

Bon Accord Public Library occasionally uses photographs of patrons and events in its publications and on its website. Please sign this release form to grant the Library permission to use your and/or your child's photo.

I hereby grant permission to the Bon Accord Public Library to use my photograph on its website or in other official printed publications without further consideration, and I acknowledge the Library's right to crop or treat the photograph at its discretion. I also acknowledge that the Library may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the Bon Accord Public Library website, the image can be downloaded. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Board of Trustees, Bon Accord Public Library
- All Employees, Bon Accord Public Library

Bon Accord Public Library reserves the right to discontinue use of photos without notice.

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form.

I hereby grant permission to the Bon Accord Public Library to use the photograph of my child as outlined above.

NAME OF CHILD UNDER 18: _____

- Please identify by first name only
- Please do not identify by name

Signature of parent or guardian: _____

DATE: _____