

# Peace River Municipal Library

## September 2023 to June 2024

Science & Art Afterschool Club  Board Game Afterschool Club  Kids' Book Club

Nerf Wars  Journal Friends  Minecraft Nite/Mini Mincrafters  Other \_\_\_\_\_

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

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

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

If your child identifies as the following, please mark the box:

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 the library programs, my child: (check box or fill out according to preferred option)

Has permission to walk/bike home

Will be picked up by either of the following:

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 programming at the Peace River Municipal Library.  
Child's name

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

\_\_\_\_\_  
Date

### Afterschool Club Attendance Policy

I understand that after three unnotified absences in a row to the Afterschool Board Game Club and/or Afterschool Science Club, my child will be removed from the active attendee list and moved to the waiting list if there are other children currently on the waiting list.

\_\_\_\_\_  
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

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 mark the box:  EpiPen  Inhaler

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

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Emergency Contact Name & Relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name of Parent /Guardian

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Phone Number

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. 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.