



4710 50 Avenue Camrose AB T4V 0R8
 p: 780.672.4214
<http://cpl.prl.ab.ca>
[facebook.com/CamrosePublicLibrary](https://www.facebook.com/CamrosePublicLibrary)
 Instagram @camroselibrarysrp
 Liana@prl.ab.ca

General Information

Child's Name: _____

Last Name, First Name of Child 1, First Name of Child 2, etc.

Ages (in the same order as above): _____

Phone Number: _____

Which school does your child attend? (circle one) Charlie Killam Chester Ronning St. Pats OLMP
 Jack Stuart Ecole Sifton Sparling Composite High School Other: _____
 (for statistical reporting only)

Has your child participated in the Summer Reading Program before? Y / N

Are there any special diet, allergies or accessibility concerns we should be aware of? Indicate which child.

Photo Release Form

The Camrose Public Library appreciates having photos for use in our publications, presentations, Facebook, YouTube, and Instagram publications.

We would appreciate your permission to use photos that include your child(ren) image.

I, (parent/guardian) _____ give the Camrose Public Library permission to use photos of my child(ren) (listed above) in library publications, presentations, Facebook, YouTube, Instagram publications, etc.

Signature: _____

Signed at (location): _____ on (date): _____.

Disclaimer: In signing this document, I am granting Camrose Public Library permission to use images of my child in all of their publications, both print and electronic, and store on their server

Developed by



In partnership with



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Permission to Leave Library Property and Participate in Special Events

On occasion, the Summer Reading Program Coordinators would like to leave the Library property to take program participants to nearby locations such as playgrounds. There may also be events where there will be use of equipment. These events include water fights, scavenger hunts, and Olympic mini games. They will take place at the Camrose Public Library or on playgrounds. These days will be clearly noted on the weekly schedule and posted on Facebook in advance.

I, (parent/guardian) _____ give the Camrose Public Library Summer Reading Program staff permission to take my child(ren) (listed above), to nearby playgrounds during the Summer Reading Program.

I, (parent/guardian) _____ give permission for my child(ren) (listed above), to participate in these special Summer Reading Program events.

Disclaimer: I will not hold anyone in the Camrose Public Library or the governing Camrose Public Library Board liable or responsible for any personal injury, accident or any other problem that might occur.

Signature: _____

Signed at (location): _____ on (date): _____

**Please return this form to the Summer Reading Program Coordinators
at the Camrose Public Library upon first visit.**