



**Session** (select one):  Winter  Spring  Summer  Fall  
**Branch** (select one):  Memorial  D.A Jones  Tottenham  
**Programme** (select one):  Cocoa/Lemonade Club  Book Bunch  
 Special \_\_\_\_\_

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Registered by: \_\_\_\_\_ (staff initials)

Cost (if applicable) : \$ \_\_\_\_\_ Paid by  Cash  Cheque  Other \_\_\_\_\_

I hereby give permission for my child's photo and/or name to be used in the promotion of New Tecumseth Public Library and its Programmes.  Yes

Please indicate food sensitivities/allergies.  No  Yes (specify) \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian's Signature      Parent/Guardian Name (Please print)      Date

**Disclaimer of Liability & Release of Claims**

This Disclaimer of Liability and Release of Claims is to be executed by the participant's parent/guardian. The Application for Programme Registration ("Application") will not be accepted unless it has been executed. In consideration of the New Tecumseth Public Library ("NTPL") accepting this application, I agree to the Disclaimer of Liability and Release of Claims.

**Disclaimer:** The participant's parent/guardian assumes all risks associated with the child's participation in the Programmes offered by the NTPL. The NTPL accepts no liability for bodily injury, death, property or loss due to any cause whatsoever, including without limitation, negligence on the part of the NTPL, including its employees and agents.

**Release:** The participant's parent/guardian waive any and all claims they may now and in the future have against, and release from liability and agree not to sue, the NTPL and its employees and agents. This release includes all claims for bodily injury, death, property or loss sustained by the participant as a result of his or her participation in the Programme offered by the NTPL, including, without limitation, negligence on the part of the NTPL, its employees and agents.

\_\_\_\_\_  
 Parent/Guardian's Signature      Date



**New Tecumseth Public Library**

**Branch** (select one):  Memorial  D.A Jones  Tottenham  
**Special Programme** (select one):  Special \_\_\_\_\_

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ **Thank You.**