



Registration Form

Session (select one): Winter Spring Summer Fall
Branch (select one): Memorial D.A Jones Pam Kirkpatrick
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

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Special Programme (select one): Special _____

Start Date: _____ Time: _____

Child's Name: _____ **Thank You.**