



Registration / Permission Form

Participant: _____

Age: _____

Parent's Name: _____

Address: _____

E-mail: _____

Phone Number: _____

Emergency Contact: _____

Session: _____

Participants Waiver & Release

I, _____, give the Schreiber Public Library permission to take photos of myself or child(ren). These photos may be displayed at the Schreiber Public Library, in the local newspaper (Terrace Bay/Schreiber News) or on the Internet ie. YouTube

Does your child(ren) have allergies? Yes / No

If your child(ren) have allergies please list below. Please inform on what procedure should be followed in case of an emergency.

Would you like to receive library events by email? _____

Signature: _____ Date: _____

Schreiber Public Library PO Box 39 Schreiber, ON P0T 2W0 807-824-2477

Received From: _____

Fee: _____

Date: _____

Program: _____

Staff: _____