Smoky Lake Public Library

Youth Program

Registration

Parental permission is required in order for your child to participate in the Smoky Lake Public Library Youth Program

Parent's Agreement:

Participant's Name:______________________________Birth date:__________________

Parent/guardian name(s):____

Address:____

Phone # for family:_________________________ Parent cell phone#________________

Emergency contact other than parent: __________________________Phone#__________

Medical Conditions staff should be aware of:____________________________________
Food allergies or sensitivities:____

Would you allow your child to leave the library premises for the purpose of field trips?
Yes _____ No _____

Would you permit your child's name and/or photo to be published in the local paper and/or on the library webpage for the purpose of advertising/promoting the Library Program? Yes____ No____

I understand my child is attending this program at our own risk.
Parent Signature:____

Date:_____________

This information is being collected under authority of the Smoky Lake Municipal Public Library for purposes of the Youth Program. It is protected by the privacy provisions of the Freedom of Information and Privacy Act. If you have any questions ask the Library Manager.

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Participant's Agreement:

I agree to follow the rules of the Smoky Lake Public Library.

Youth signature: _____________________________________Date: ______________

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