

Child Registration

(Please Print)



Space to think

Child's Name

First: _____ Last: _____

Library Card? Yes No ...if not please sign up for one!

Age: _____ Grade completed: _____

Allergies or medical concerns

Emergency Contact (name & number):

Address:

Email Address

(if you would like to receive monthly communication on Library programs)

As Parent/Guardian of (Child's name)

I give permission for my child to leave the library premises under adult supervision to take part in Library activities outdoors.

Parent's Name: (Please Print) _____

Parent's Signature: _____

Please see other side for Media Release consent form



**Photographic, Digital Voice Recording/ Video Recording
Media Consent Form – youth under 18 years**

CONSENT FORM

I hereby consent to the collection and use of my youth’s (under 18 years of age) personal images by photography, digital voice recorder, or video recording.

I hereby authorize any images, video footage, or voice recording taken of myself, in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Sechelt Public Library Website and other official channels, and to be used for media purposes including promotional presentations and marketing campaigns. I also authorize any media material created by my youth within the Sechelt Public Library.

I understand that no personal information, such as names, will be used in any publications UNLESS expressed consent is given.

I also understand that my consent can be withdrawn at any time in writing to:

Chief Librarian – Sechelt Library
PO Box 2104 – 5797 Cowrie Street
Sechelt, BC V0N 3A0
Via email to: info@secheltlibrary.ca

I am over 19 years of age and the parent or legal guardian of the youth, and I have read this waiver am familiar with its content.

Parent/Guardian Name (Please Print): _____

Signature: _____

Youth’s Name: _____

Date: _____