

2019 Summer Reading Program

A Universe of Stories

Please place an **X** or **✓** next to the appropriate **option** for the week(s) indicated below.

	Program only	Program and lunch	Lunch only
Week 1 – June 3 – June 7	_____	_____	_____
Week 2 – June 10 – June 14	_____	_____	_____
Week 3 – June 17 – June 21	_____	_____	_____
Week 4 – June 24 – June 28	_____	_____	_____
Week 5 – July 1 – July 5*	_____	_____	_____
Week 6 – July 8 – July 12	_____	_____	_____
Week 7 – July 15 – July 19	_____	_____	_____
Week 8 – July 22 – July 26	_____	_____	_____

*Four-day week due to July 4 holiday.

Activities may include programs on: Sports, fitness, wellness, Oklahoma, courage, animals, exploring, and more! A certified teacher will be conducting the majority of the programs. We will also have many special guests planned to visit. We look forward to having your child join us.

**Please fill out separate forms for each child who will be attending
and let us know of any known food allergies.**

Child's Name: _____

Address: _____

Phone: _____ Child's Age: _____

School: _____ Grade in September: _____

Must be entering 1st – 5th grade to attend.

Parent/Guardian Name: _____

Emergency Contact: _____ Phone: _____

Emergency Contact Relation: _____

Known food allergies: _____

See reverse for important authorizations

Return this form to Waurika Public Library by **Friday, May 17.**

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Parent/Guardian Permission/Liability Release

I, _____ (parent/guardian) give permission for _____ (child's name) to participate in the 2018 Waurika Public Library Summer Reading Program and do not hold any of the volunteers, sponsor organizations, the City of Waurika or Jefferson County liable for any accident or injury. I agree to accept responsibility for the risks that may occur.

I hereby agree to waive, release and discharge any and all claims for damages, death, personal injury or property damage that my child may have or that may hereafter accrue as a result of my child's participation in this program, against their person or entity, whether such injury or damage was foreseeable or not. This acknowledgement and assumption of risk and release shall be binding upon heirs and assigns.

_____ (parent/guardian signature)

Photo/Video Authorization

I understand the City of Waurika may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of Waurika and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

_____ (parent/guardian signature)

Program Pick-up Authorization and Release

I, _____ (parent/guardian's name) give permission for the following person(s) to pick-up my child from the program. I understand that my child will only be permitted to leave with the parent/guardian or one of the person(s) named below.

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

Child has permission to walk/ride bike to and from library.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Return this form to Waurika Public Library by **Friday, May 17.**