

# 2023 Summer Reading Program

## All Together Now

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

	Program only	Program and lunch	Lunch only
<b>Week 1</b> – June 5 – June 9	_____	_____	_____
<b>Week 2</b> – June 12 – June 16	_____	_____	_____
<b>Week 3</b> – June 19 – June 23	_____	_____	_____
<b>Week 4</b> – June 26 – June 30	_____	_____	_____

Activities may include programs on: Sports, fitness, wellness, Oklahoma, courage, animals, exploring, and more! A teacher will be conducting the majority of the programs, but special guests may also attend to assist in their area of expertise.

**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 26.**

# 2023 Summer Reading Program

## All Together Now

### Parent/Guardian Permission/Liability Release

I, \_\_\_\_\_ (parent/guardian printed name) give permission for \_\_\_\_\_ (child's name) to participate in the 2023 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 acknowledgment and assumption of risk and release shall be binding upon heirs and assigns.

\_\_\_\_\_ (parent/guardian initial)

### 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 initial)

### Program Pick-up Authorization and Release

I, \_\_\_\_\_ (parent/guardian's printed 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 26.**