AFTER-SCHOOL PROGRAM SIGN-UP FORM

Please complete this **REQUIRED** form to sign-up your child for after-school programs taking place at the Dolores Public Library. Programs are available for Kindergarten through 8th grade students (please refer to the After-School Programs flyer for exact days & dates in which students from each grade level will meet). An authorized staff and/or volunteer of the library will meet your child at the main entrance of the Dolores Elementary at **3:35 pm**. The group will walk from school to the library together and begin our program. A snack will be provided (please notify library staff in advance, in writing, if your child has any food restrictions due to allergies/sensitivities or provide your child with an appropriate snack). The program will end at 4:45 pm. **Please pick-up your child from the library promptly at 4:45 pm.**

Students Name _____ Grade _____

Parent/Guardian's Name(s) _____

Parent/Guardian's Phone #(s) _____

Parent/Guardian's Email _____

Emergency Contact Name (other than parent/guardian listed above) _____

Emergency Contact Phone #(s) _____

AFTER-SCHOOL PROGRAM PICK-UP AUTHORIZATION & RELEASE

I, _____ (parent/guardian's name) give permission for the following person(s) to pick-up my child from the after-school program. I understand that my child will only be permitted to leave with the parent/guardian or the person(s) named here unless I notify the library staff by phone at **970-882-4127** of additional person(s) authorized to pick-up my child.

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

Parent/Guardian Signature _____

Date _____

OVER

PARENT/GUARDIAN PERMISSION/LIABILITY RELEASE FOR AFTER-SCHOOL PROGRAMS

I hereby give permission for _____ (child's name) to walk from Dolores Elementary School to the Dolores Public Library with an authorized staff and/or volunteer of the Dolores Public Library and to participate in the Dolores Public Library's after-school programs.

I understand staff and volunteers will supervise the programs. If a serious illness or injury develops and medical and/or hospital attention is necessary, I give permission for emergency treatments or surgery as recommended by an attending physician. I specifically release and discharge, in advance, the Dolores Public Library, its directors, employees, and volunteers from any and all liability, whether known or unknown. 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, for death, personal injury or property damage which my child may have or which 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. This acknowledgement of and assumption of risk and release shall be binding upon heirs and assigns.

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signature) _____

Photo/Video Authorization

I hereby authorize release of my child's name and photograph for possible news releases concerning the Dolores Public Library. I understand that the Dolores Public Library may take photographs or videos of the programs or activity in which my child is participating.

I give permission for the Library to use photographs or videos of my child for the purpose of promoting the Library and its services/programs in print or electronically. 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 child's likeness.

Name of Child _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signature) _____

Date Signed _____

PLEASE RETURN THIS FORM TO THE DOLORES PUBLIC LIBRARY BEFORE THE START OF YOUR CHILD'S PROGRAM.

For more information, contact Shaine Gans, Youth Services Coordinator, 970-882-4127, shaine@doloreslibrary.org