Tredyffrin Township Libraries Summer Choir Camp 2014 Registration Form

Please complete this form (one form per child) and return the form with check payable to Tredyffrin Public Library.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name (write above line) Last Name (write above line)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date Age Sex

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (write above line)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (write above line) State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School In September 2014 Grade in September 2014

|  |  |
| --- | --- |
|  |  |
| Parent Name A (write above line) | Parent Name B (write above line) |
|  |  |
| Email address | Email address |
|  |  |
| Cell Phone | Cell Phone |
|  |  |
| Address if different | Address if different |
|  |  |
| City State Zip Code | City State Zip Code |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything special we should know about your child? Medical? Allergies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name Emergency Contact Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name Emergency Contact Phone Number

Please review the Unattended Children and Patron Behavior Policies on the library website: <Http://tredyffrinlibraries.org/librarypolicies.asp>.

\_\_\_ I have read the policies, reviewed them with my child, and will follow the library guidelines outlined in the policies.

\_\_\_ Please contact me regarding the library policies.

May we print your name, address and phone number in the e-mail Carpool List? Yes No

Liability Waiver – Tredyffrin Township Libraries Summer Choir Camp Participant

The undersigned participant and/or their guardian, in consideration for Tredyffrin Township Libraries through its Summer Performance Arts Programs providing facilities, instructions and supervision in the activity for which the participant has registered does hereby:

1. Request permission to participate in the activity with the full knowledge that said activity could result in personal injury to me or damage to my personal property.
2. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
3. Agree to indemnify and hold harmless the Library and its department and agents for personal injury or property damage to other parties resulting from my participation or the participation of minors in my custody while engaged in said activity.
4. I agree that the Library shall have the right to enforce activity rules and terminate participation by anyone failing to comply with said rules.
5. Waive the right to dispute all proper charges once the participant has registered and/or participated in the summer performance arts camp.
6. Agree to reimburse the Library for any and all fees incurred for wrongfully disputing a credit charge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian of Minor Participant (min. age 18)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to Attn: Summer Choir Camp, Tredyffrin Public Library, 582 Upper Gulph Rd, Strafford, PA 19087

After July 21, refunds will be given only if the camp can fill the vacated spot from a waiting list.