

Whitehorse Public Library TD Summer Programs for Kids

The Whitehorse Public Library Summer Programs for Kids is presented by Yukon Public Libraries & Archives Canada with sponsorship from TD Bank. Please circle the day of the week and program your child would like to attend (one day only per child). Submit this form in person to The Whitehorse Public Library or by email to yplevents@gov.yk.ca.

Child's Name _____ Birth Date (dd/mm/yy) _____

	Monday 2:00-3:00pm Ages 4-5	Tuesday 2:00-3:30pm Ages 5-7	Wednesday 2:00-4:00pm Ages 6-8	Thursday 2:00-4:00pm Ages 8-11
Week 1 June 26-29	The land of eh! June 26	The land of eh! June 27	The land of eh! June 28	The land of eh! June 29
Week 2 July 3-6	No program July 3	Northern Adventures: July 4	Northern Adventures: July 5	Northern Adventures: July 6
Week 3 July 10-13	Games Galore: July 10	Games Galore: July 11	Games Galore: July 12	Games Galore: July 13
Week 4 July 17-20	Mythical Creatures: July 17	Mythical Creatures: July 18	Mythical Creatures: July 19	Mythical Creatures: July 20
Week 5 July 24-27	Superhero Summer Splash: July 24	Superhero Summer Splash: July 25	Superhero Summer Splash: July 26	Superhero Summer Splash: July 27
Week 6 July 31 - Aug 3	Cooking Craze: July 31	Cooking Craze: August 1	Cooking Craze: August 2	Cooking Craze: August 3
Week 7 Aug 7-10	Around the World: August 7	Around the World: August 8	Around the World: August 9	Around the World: August 10

Emergency Information

Thank you for registering your child, please provide an emergency contact and an alternate contact below.

Name: _____ Relationship to child: _____

Daytime phone: _____ Other phone: _____

E-mail: _____

Alternate contact:

Name: _____ Phone: _____

For the safety of your child, it is important that we are aware of any circumstances that may require our attention. Please check one of the following:

No, my child does not have a medical condition that requires special attention or information.

Yes, my child does have a medical condition that you should be aware of.

Describe: _____

Please list additional information that you feel is necessary including food allergies.

Note: The Whitehorse Public Library does not have the resources to accommodate food allergies for the cooking program.

I, _____ grant to Government of Yukon and _____, (photographer/videographer/sound recordist) the exclusive, irrevocable, and royalty-free in perpetuity to make, copy and use any visual or auditory recordings of myself in any format, digital or analog, without restriction, in any form of media, for government purpose.

I hereby release the above-named, and their elected officials, officers, employees, successors, assigns and licensees from any claim I may have against them directly or indirectly in relation to making, copying, or use of such recording to me.

This release is binding on me, my successors, assigns, and licensees.

I have read this release and understand its contents.

Signed***: _____

Date: _____

****Consent (for a minor, under 19 years of age)**

I am the parent or guardian of the minor named above and I have the legal authority to execute the release. I have read and agree to the above release.

Parent or Guardian name: _____

Date: _____