



Whitehorse Public Library summer cooking program for teens

Please print off this form and circle the program dates your teen would like to attend. The programs will be held in the Kwanlin Dün Cultural Centre kitchen. Submit this form in person to The Whitehorse Public Library or by email to yplevents@gov.yk.ca.

Teen's Name _____ Birth Date _____

Friday's 2:00-4:00pm
July 21
August 4
August 11

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.



RELEASE

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: _____