



Adventures in Reading



Crosslake Library's Summer Reading Program Registration

Student Name: _____

Grade Just Completed: _____ CCS Student? Yes or No

Library Card # _____ Email: _____

Parent Name: _____ Phone # _____

Emergency Contact: _____ Phone # _____

No Registration Fee is required. However, each student must purchase a personal library card (\$1.00) if one is not on file. A parent or adult must accompany and supervise children during each library visit.

Parent or Guardian Must Read and Sign:

Release of Liability Waiver

All registrants MUST read and sign the waiver below before participation in this program. In consideration of your accepting myself, my child's or ward's entry, I hereby for myself, my child or ward, waive and release any and all rights and claims that I, or my child or ward, may have against the City of Crosslake, its servants, agents or employees, for any and all injuries or other damage arising out of or connected with participation in the above activities. I further agree and consent to emergency treatment of myself, my child or ward, by a physician or hospital.

The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you/your child or ward in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you/your child or ward in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

Child's Name: (Please Print) _____

Parent/Guardian Signature _____

Date: _____
