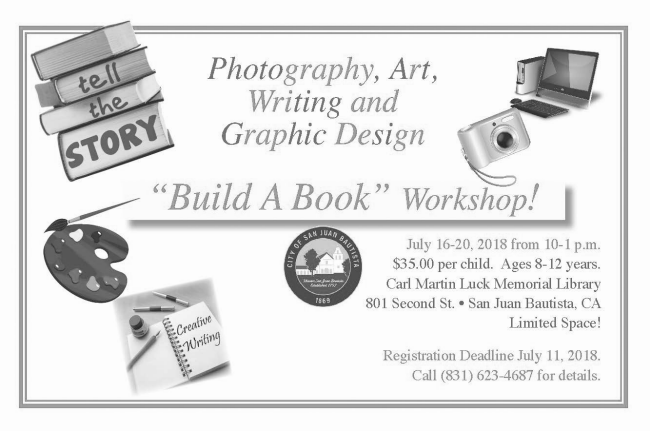
July 16th-20th, 2018

Build a Book Workshop!

SJB City Library, 801 2nd St.



July 16-20 from10am-1pm
For Kids entering 3rd-7th grade.
(Ages 8-12 years old, San Benito County residents only).
LIMITED SPACE

Cost: $35 per person

REGISTRATION FORM: Please complete and attach check with a paper clip by *July 11th.*

NAME OF STUDENT(s)_____

ADDRESS_____**CITY**_____**ZIP**_____

HM. PH( )_____**CELL ( )** _____**E-MAIL**_____

PARENT/GUARDIAN(S) NAME_____**PHONE**_____

Allergies_____ **SCHOOL GRADE AS OF SEPT. 2018**_____

PAYMENT
(Check) ck#_____ **or (Money Order) #** _____
Make Checks Payable to: City of San Juan Bautista

Drop off at library or mail to:
SJB City Library
P.O. Box 1420
San Juan Bautista, CA 95045

Questions? Call Carl Martin Luck Memorial Library @ (831) 623-4687

Model/Photography Release (Parent/Guardian Please Must Sign Below):

I give my permission to have my child(ren) _____
be videotaped/photographed during this event and images used for future promotions and events by library, the City of San Juan Bautista, and Bernadine's Photography.
Signature of Parent_____ Date:_____

Build a Book Workshop-Medical Release Form

I (we), the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize adult volunteers of the San Juan Library as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability The San Juan Library and the City of San Juan Bautista and any of its leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (Print)_____

Parent/Legal Guardian (Sign)_____Date_____

Address_____

City_____Zip_____

Phone: Home ( )_____Work ( )_____

Cell ( )_____

Health Insurance Company_____

Policy or Group Number_____ Phone ( )_____

If Parent/Legal Guardian is not available in an emergency, contact:

Name_____ Phone ( )_____

Please list any allergies. Include medications, foods, etc._____

_____

Does your child have any medical or special needs, including medications currently being used?
(If yes, please explain.)_____

_____

Doctor's Name_____Phone ( )_____

Dentist's Name_____Phone ( )_____