

Registration Form

1. Name of Program: _____

2. First name: _____

3. Surname: _____

4. Date of birth: _____

5. Postal address: _____

6. School name and year: _____

7. Parent/guardian's name: _____

8. Email address: _____

9. Daytime contact number: _____

I have read the terms and conditions and wish to enrol my son/daughter (delete as applicable) in the above program. By signing below I agree to the terms and conditions as stated.

Parent/guardian's signature: _____

Date: _____



Photograph Permission Form

I give Randwick City Council permission to photograph the following child whose name appears below (please print full name below) at library events attended in 2015.

Name of child: _____

Parent/guardian's signature: _____

Date: _____

By providing consent above, I give Randwick City Council permission to use the photograph(s) for promotional purposes, including but not limited to in newspapers, newsletters, reports and on the Randwick City Council website. I understand that international copyright and intellectual property rights on these photographs will remain the property of Randwick City Council who will be entitled to publish or otherwise distribute these images in any way or manner that they see fit, in perpetuity.

