

San Marcos Public Library

Summer Star Teen

Registration Form (Ages 12-17)

CHILD'S NAME: _____	DATE OF BIRTH: ____/____/____	
ADDRESS: _____	CITY: _____	ZIP: _____
PARENT/GUARDIAN: _____		
EMAIL: _____	PHONE: _____	
PARENT/GUARDIAN: _____		
EMAIL: _____	PHONE: _____	

RELEASE OF LIABILITY

I, the parent or legal guardian of the above listed minor child, acknowledge that I am of sound mind and hereby request that the City of San Marcos, Texas to allow my child to participate in the Star Teen program at the San Marcos Public Library. Star Teens share their time, talent and abilities to assist the library in providing service to the citizens of San Marcos. I have reviewed the program guidelines with my child and he/she agrees to follow the behavior guidelines.

As consideration for the City allowing my child to participate in the program, I acknowledge and agree that my child is not an employee of the City and will not receive any form of compensation or remuneration for his/her participation. I also understand and agree that my child is not entitled to any employee benefits from the City. I understand and agree that the City may, at its discretion, remove my child from the program at any time and with no prior or written notice, and without cause or reason.

If any activity to which my child is assigned presents risks that I, and/or my child, do not want to take, then it is my responsibility, and the responsibility of my child, to state that concern to the supervising library employee and announce the decision not to engage in that activity. I agree that my child shall abide by all safety and other behavioral rules that are applicable at the library, to properly use any equipment that may be provided, to perform all program activities in a safe and prudent manner.

I agree that my child will abide by the policies and directives of the City, as well as all applicable statutes and ordinances. I authorize that the City may seek emergency medical treatment on behalf of my child in case of any accident, injury, or illness that should occur while my child is participating in the program. I agree to accept and assume the risk and responsibility for harm, injury, or damage that may befall my child while performing program activities. **I agree to defend, indemnify and hold the City harmless against and from any and all claims, demands, lawsuits, causes of action of any nature brought or asserted against the City and any other liability incurred by the City as a result of my child's service in connection with this agreement and release. This indemnification shall survive my child's becoming an adult and will continue to be enforceable even after my child becomes an adult.**

In consideration for my child being allowed to participate in the Star Teens program, I do of my own free will knowingly execute this Release of Liability which I have read and fully understand. By my signature, I affirm that I have full legal authority to execute this agreement and release on behalf of the above-named child.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Program Description: Summer Star Teens support the library’s summer reading program by handing out and explaining reading logs, in addition to checking completed reading logs. Training will be provided so no experience is needed. Star Teen training will be held on **May 21st from 2:00 to 3:00 p.m.** at the San Marcos Public Library.

The Summer Star Teen schedule starts June 1 and runs through July 29. **Please let us know any dates that you are unavailable due to trips or camps:**

Please check your preferred time slot. **Please indicate a 1st, 2nd & 3rd choice.** Remember, limited slots are available and may fill up. Please turn in your application as soon as possible to get your preferred shift.

	Morning 9:30-11:30	Afternoon 12:30-2:30	Afternoon 2:30-4:30	Evening 6:00-8:00
Monday	_____	_____	_____	
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	
Thursday	_____	_____	_____	
Friday	_____			

Each Star Teen will be scheduled once per week. If you would like additional hours, we can schedule you for a second shift or there are certain events for which we will need extra help.

Would you like a second shift? Yes / No

Would you like us to contact you to help with these events? Yes / No

Are there any days or times during which you are **unavailable**?

If you are planning on carpooling or sharing a shift with a sibling or friend, we need to know in advance. **Please write the name of the person you need to share a shift with here** (one person only, please):

	NAME	PHONE NUMBER
Emergency Contact (other than parents)		

I am aware of the commitment my child is making to the library. I give my permission for them to participate in the program. I have also filled out and signed the registration form and liability release on the BACK of this page.

Parent’s signature _____