



2019 Summer Library Program

A Universe of Stories Registration

Name: _____

Address: _____

Phone: _____

Age: _____

School: _____ Grade in September: _____

Circle One: Independent Reader Family Reader

Has child been in a Summer Reading Program? Yes No



Permission to Videotape and/or Photograph

I _____ am 18 years old or older, and I am the parent or legal
Parent/Guardian Name **PLEASE PRINT**
guardian of _____
(Child's / Children's name(s) and Age(s) **PLEASE PRINT**)

I understand the Mound City Public Library may photograph or videotape the events or activities in which I am (or my child/children are) participating. I give my permission for the City to use photographs or vid-eotape of me (or my child/children) for the purpose of promoting the Mound City Public Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/children) at this time or in the future for the use of my (or my child's/children's) likeness.

Permission is not required to take part in libraryevents.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____