



# Summer Reading Registration Teen/ Adult

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian Name & Phone: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Upcoming Grade Level: \_\_\_\_\_

Registered on Beanstack: Yes No      Shirt Size \_\_\_\_\_

Staff initial \_\_\_\_\_

I agree to read 35 minutes per day throughout the summer break as a participant in Millersville Public Library's summer reading program.

Signature of Participant: \_\_\_\_\_

### Photo/Video Release

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_.  
I understand that Millers Public Library may photograph or videotape the events or activities in which my child is participating. I give permission for the library to use photographs or videos of me and/or my child for the purposes of promoting the library and its programs/services. I give my permission with the following understanding: no compensation of any kind will be paid to me or my child at this time or in the future for the use of my child's likeness. (Please note: permission is not required to take part in the Library's events or activities.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

