



# Summer Reading Registration

## 6 - 12 years

# Millersville Public Library's SUMMER READING PROGRAM 2025

Child's Name: \_\_\_\_\_

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

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

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

**I agree to read the required minutes per day throughout  
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 Millersville 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: \_\_\_\_\_

