

2019 SUMMER READING LIBRARY PROGRAM

A UNIVERSE OF STORIES!

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

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

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade in sept: \_\_\_\_\_

Library Cardholder's # \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

**I understand I am responsible for any fees/damages to materials checked out on my account by the above named child.**

**I release the Dennis M. O'Connor Public Library and the staff from any and all liability of my child participating in the Summer Reading Program.**

**I give permission for the library to use photographs of my child for the promotion of its programs.**

**I agree that my child will follow the guidelines of the Summer Reading Program.**

**Signature**

\_\_\_\_\_