2015 Summer Library Program
Every Hero Has a Story
Registration

Name: _____

Address: _____

Phone: _____

Age: _____

School: _____ **Grade in September:** _____

Circle One: Independent Reader Family Reader

Completed Program: ❑ Yes ❑ No

Permission to Videotape and/or Photograph

I _____ am 18 years or older.
(Name, please print)

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, age)

I understand the City of _____ may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of _____ 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) at this time or in the future for the use of my (or my child's) likeness.

Permission is not required to take part in city events.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____