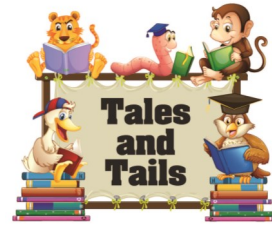


2021 Summer Reading Collaboration Carrollton & Norborne Public Libraries



Reader Registration



Name: _____
(Individual or Family)

Address: _____

Phone: _____

Parent/Caregiver Email: _____

Age: _____ School: _____

Grade in August: _____ Circle One: Independent Reader / Family Reader

READING GOAL: _____ Hours per week or # of Books

Permission to Videotape and/or Photograph

I am the parent, caregiver or legal guardian of _____ (child's name). I understand the Carrollton and Norborne Public Library may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the Carrollton and Norborne Public Library to use photographs or videotape of me (or my child) for the purpose of promoting the Carrollton and Norborne 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) 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 library events.*

Parent or Guardian Signature: _____

Date: _____ Phone: _____