



Parent Name: _____

Phone/email: _____

Register me in the SRP: Yes No

Child Name: _____ Age: _____

Preschool (0-5 years) School Age (K-5th) Teen (6th-12th)

Child Name: _____ Age: _____

Preschool (0-5 years) School Age (K-5th) Teen (6th-12th)

Child Name: _____ Age: _____

Preschool (0-5 years) School Age (K-5th) Teen (6th-12th)

Child Name: _____ Age: _____

Preschool (0-5 years) School Age (K-5th) Teen (6th-12th)

I understand that the Leach Public Library may photograph/videotape the events and activities in which I am or my child is participating. I give permission to the Leach Public Library to use these images of me or my child for the purpose of promoting the library and its services/programs, with the understanding that no compensation will be give to me or my child for the use of these images.

Signature: _____

Print Name: _____ Date: _____