



Summer Reading Program 2023
Teen/Adult Registration

Parent Name: _____

Email: _____ Phone: _____

Age Group: Teen (6th-12th) Adult (19+)

Photo Permission (must be signed by a parent/guardian if you are under 18)

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

Print Name: _____ Date: _____

Signature: _____