



Teen Registration

Name: _____

Phone/email: _____ Age: _____

Parent name: _____

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. Must be signed by a parent if under 18.

Signature: _____

Print Name: _____ Date: _____