

# Covington County Library System 2018 Summer Library Program “Libraries Rock!” Registration

Child's Name: \_\_\_\_\_  
Age: \_\_\_\_ School: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I understand the Library may photograph or videotape the events or activities in which my child is participating for the purpose of promoting library services and programs.

Please check one:

\_\_\_\_\_ I give permission  
\_\_\_\_\_ I do not give permission

Photography permission is not required to take part in Library events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

