



OZARK REGIONAL LIBRARY

YOUTH REGISTRATION FORM

FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH E-MAIL ADDRESS

PARENT/GUARDIAN LIBRARY CARD NUMBER

DAYTIME PHONE CELL PHONE WIRELESS CARRIER

MAILING ADDRESS

STREET CITY ZIP CODE COUNTY

PHYSICAL ADDRESS (WHEN MAILING ADDRESS IS A P.O. BOX)

STREET CITY ZIP CODE COUNTY

Responsibility for library materials selected and accessed or programs/events attended by children and adolescents rests with their parents or legal guardians. Ozark Regional Library does not act in loco parentis, and is not responsible for a child or adolescent's choices. Furthermore, I agree to ensure my child will adhere to all principles and procedures of the Ozark Regional Library. I understand that I and my child may lose privileges and/or be held financially responsible if we do not follow Ozark Regional Library's guidelines.

PARENT/GUARDIAN SIGNATURE

DATE

STAFF USE ONLY

PATRON SEARCH _____ POLICIES OFFERED _____ NON-RESIDENT FEE _____ STAFF INITIALS _____ DATE _____

MMS 05/23/23