

Vermontville Township Library 2024 Summer Reading Program Registration

I give permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To participate in the Vermontville Township Library 2024 Summer Reading Program “Adventure begins at your library”. I am aware that the library events will be taking place at the Vermontville Community Center or the Village Park.

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_ grade for next school year\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Independent Reader\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_pre-READER\_\_\_\_\_\_\_\_\_\_\_\_\_

**I plan on participating in the reading challenge \_\_\_\_\_\_yes \_\_\_\_\_no**

**I plan on attending events only \_\_\_\_\_yes \_\_\_\_\_\_no**

**Permission to Videotape and/or Photograph**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand the Vermontville Township Library may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the Vermontville Township Library to use photographs or videotape of me (or my child) for the purpose of promoting the Vermontville Township Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child’s) likeness.

**Permission is not required to take part in library events.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_