

Registration Form Classic Book Discussion Club for Teens

Name: _____ Age: _____

Phone: _____ Email: _____

I give my son/daughter _____ permission to participate in the Classic Book Discussion Club at the George and Cynthia Woods Mitchell Library. I also agree that the George and Cynthia Woods Mitchell Library is not responsible for any physical or adverse reaction that may result from food or beverage consumed at this event by my child, and therefore agree not to hold the George and Cynthia Woods Mitchell Library or its employees responsible in the event of any adverse reactions.

Name of Parent/Guardian (please print) Signature of Parent/Guardian Date

**Montgomery County Memorial Library
Photograph Release Form**

Date: _____

MCMLS/Branch: Mitchell

I give Montgomery County Memorial Library the right to take photographs of

_____ (participants name),
and to use the pictures in the library's promotional materials or in newspaper submissions. I understand that these pictures may be accessible in print or digital format.

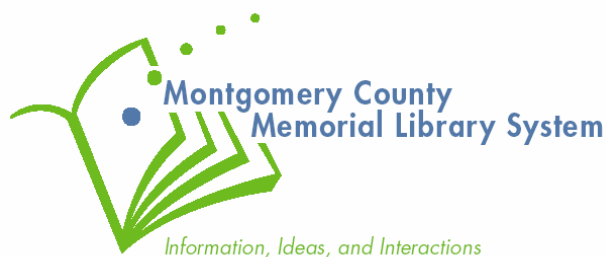
Participant's Name Printed: _____

Address: _____

City, State, Zip: _____

Signature: _____
(Parent/Guardian)

Montgomery County Memorial Library System complies with The Americans with Disabilities Act in its facilities, activities, programs and services. If you are disabled, you must ask for an accommodation, help or services that you need.



George and Cynthia Woods Mitchell Library

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