

OTHER FAMILY MEMBERS WITH LIBRARY CARDS (ALL PORTAGE COUNTY LIBRARIES):

VOLUNTARY INFORMATION

PUBLIC SCHOOL DISTRICT IN WHICH CHILD CURRENTLY LIVES: _____

- I agree to abide by the rules and policies of the Reed Memorial Library and to be responsible for all fees and fines assessed for overdue, lost or damaged library items on my card.
- I agree to give immediate notice of any change of address or a lost or stolen card. I understand that I am responsible for any items charged against a lost or stolen card until the library has been notified.
- I understand that any violation of the rules and policies including failure to pay fines or return materials will result in the loss of library privileges.
- I understand that Reed Memorial Library is not responsible for the malfunction of personal equipment that occurs during the use of the library's audiovisual items.
- I understand that under Ohio Law, Parents or Guardians are responsible for their children's library obligations until they reach age 18.
- I understand that Reed Memorial Library has an open stacks policy giving children access to materials throughout the library and library staff does not act in the place of parents.

[PLEASE PRINT]

PARENT/GUARDIAN NAME _____

RELATIONSHIP TO YOUTH _____

PARENT/GUARDIAN ADDRESS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

YOUTH'S SIGNATURE _____ DATE _____

FOR LIBRARY USE ONLY

ID USED FOR VERIFICATION: _____

REGISTRATION TAKEN BY: _____ COMPUTER INPUT BY: _____ LAST CHECK BY: _____