YOUTH under 18

YOUTH under 18 years of age Application

EXPIRES _____

Print Name _____

First Middle Initial Last

Address _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate _____ Email _____ (optional)

mmddyyyy

Parent or Guardian

Print Adult Name _____

Sign Name _____

By signing this, I agree to on behalf of this applicant to comply with all policies and regulations of Geneva Public Library, and I am agreeing to be responsible for the return of any items borrowed, and for any costs or fines that may result from damage, loss or late returns.

Check below if you do not want your child to use the internet..

☐ My child does NOT have my permission to use the Library Internet.

..... Staff Use Only .....

BARCODE _____ Staff Initials _____ Date _____

New _____ Renew _____ Reregistered _____ Updated _____

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