

Child's Name: \_\_\_\_\_ (one form per child)

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade before summer: \_\_\_\_\_

I give permission for my child (listed above) to participate in Dike Public Library's Summer Reading Program in June of 2021 at the Dike Public Library.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Adult email address: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(other than parent/guardian listed above)

Emergency Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERMISSION TO PHOTOGRAPH**

I am the parent or legal guardian of the above listed child. I understand the Dike Public Library may photograph or videotape the events or activities in which my child will participate as part of Summer Reading Program during the month of June 2021. I give my permission for the library to use photographs and/or videos of my child during these activities for the purpose of promoting the library and its services/programs. I understand no compensation of any kind will be paid to me or my child at this time nor in the future for the use of my child's likeness. No child will be identified my name.

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



(Cut here if you wish to keep the schedule from the front of flyer)

**Please return registration by May 25 in any of these  
handy ways:**

**Mail it to 133 East Elder, Dike, Iowa 50624**

**Bring it to us in person**

**Drop it in 1 of our book drop boxes by the library  
entrances (helpful but not necessary to use envelope).**

**Fax it to us at 319-989-2984**

**Scan it and email it to us at  
dikepubliclibrary@gmail.com**