

EXPIRATION DATE: _____ CARD # _____

JUVENILE REGISTRATION FORM

PLEASE PRINT CLEARLY

CHILDS NAME: _____

BIRTH DATE: _____

ADDRESS (NO P.O. BOXES): _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE (HOME): _____ (CELL) _____

EMAIL ADDRESS: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS (IF DIFFERENT):-

As Parent/Guardian of this child, I am aware that I am responsible for any materials borrowed by this child.

Parent/Guardian Signature (if under 12) _____ Date _____

MUST HAVE SIGNED PARENTAL VIDEO PERMISSION SLIP TO BORROW VIDEOS

Form reviewed by: _____ Date: _____