



2017 Summer Library Program

“Build A Better World”

KIDS’ Registration Ages Toddler-17

Name: _____

Address: _____

Phone: _____

Email Address: _____

Age: _____

Hazel Mackin Community Library
311 W. Warren St.
Roberts, WI 54023



Permission to Videotape and/or Photograph

I _____ am the parent or legal guardian of _____.

(Parent name, please print)

(Child name, age)

I understand the Village of Roberts may photograph or videotape the events or activity in which I am (or my child is) participating. I give permission for the Village to use photographs or videotape of me (or my child) for the purpose of promoting the Village of Roberts and its services/ programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child’s) likeness.

Permission is not required to take part in city events.

Signature: _____ Date: _____