

# Youth Library Card Application

Parent/Guardian must fill out all information on behalf of youth.



## PLEASE PRINT CLEARLY

BIRTH DATE (mm-dd-yyyy)		TODAY'S DATE
LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED LAST NAME (if applicable)	PREFERRED FIRST NAME (if applicable)	PHONE
LOCAL RESIDENCE ADDRESS		APT NO.
CITY	STATE	ZIP CODE
COUNTY	EMAIL ADDRESS (use parent/guardian's email address)	
MAILING OR PERMANENT ADDRESS (if different than above)		APT NO.
CITY	STATE	ZIP CODE
COUNTRY		

## FOR PARENT/GUARDIAN OF MINOR APPLICANT (Under age 18)

### PLEASE READ BEFORE SIGNING:

I verify that the above information is correct. I understand that the library collection contains a broad range of materials representing many different topics and viewpoints. I am aware that by signing this application I assume responsibility for all use of this card, including Internet usage and adherence to Internet use policies. For youth under the age of 16, a parent/guardian will have account access.

I agree to pay replacement charges for any materials not returned, lost, damaged or stolen on this account. I agree to report immediately the loss of this card; otherwise, the library will assume its use to be authorized by me. The fees for three-, six- or twelve-month non-resident library cards are non-refundable.

Sarasota County Libraries and Historical Resources has an open access policy. We believe every parent/guardian has the right and responsibility to select the materials and Internet resources used by their own child/children. Staff are happy to assist parents in finding the best materials for each child but are not responsible for monitoring items your children borrow from the library.

**Please initial to acknowledge you have read and agree to these policies:**

INITIALS

LAST NAME OF PARENT/GUARDIAN		FIRST NAME OF PARENT/GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN (if applicable)			DATE
INTERNAL USE ONLY			
Patron Barcode			Staff Initials
Replaced Barcode			Date