

Teen Book Club

Name:

Age: -----

Address: -----

E-mail address:

Phone number:

May Bossard Memorial Library contact you about meeting details, cancellations, and updates?

Yes No

Parent/Guardian's printed name:

Return this completed form to Laura at Bossard Memorial Library!

Permission Form

I, (print parent/guardian's name:

Grant permission for (print teen's name)

To participate in the Bossard Memorial Library's Teen Book Club and acknowledge that:

*** I have completed the BML Teen Book Club membership registration.**

***I understand the books will be selected based on the suggestions of the members in the book club. Bossard Memorial Library reserves the right to approve the final book selections.**

***I understand that a variety of content will be discussed in the BML Teen Book Club. I know that it is my responsibility to know what my child is reading and will respond as I see fit.**

***I am familiar with Bossard Memorial Library's policies.**

***I understand that snacks will be offered at the meetings.**

Parents/guardians/participants must be mindful of allergens.

***I consent that pictures taken of my teen as a book club participant may be used in library press or media.**

Parent/Guardian signature:

For more information, please call Laura at 740-446-7323 or email her at lerwin@bossardlibrary.org