Inglewood Public Library
I-READ Summer Reading Program Registration Card

Participant's Last Name _____ Participant's First Name _____

Parent's Last Name _____ Parent's First Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Other Phone _____

Participant's Date of Birth _____ School _____ Grade _____

Participant's Email Address (*optional*) _____ Parent's Email Address *(optional)* _____

Parent's Signature _____

HOW TO REGISTER?

Complete the registration card and return it to the Inglewood Main Library - 101 W. Manchester Blvd. If you are registering in conjunction with a park or school program, return the form to your coordinator.

NOTICE TO PARENT(S)

By signing this document you consent to the minor's participation in the named event or activity and agree that photographs, pictures, slides, movies, or videos of the minor may be taken and published in connection with the minor's participation without compensation from the City of Inglewood, and consent to the use of said items for any legal purpose.

For statistical purposes only (Optional):

☐Black, African American (Non-Hispanic) ☐Asian American
☐Hispanic American ☐White ☐American Indian
☐Other

Library Use Only - Book Reviews Completed:

☐ ☐