



# OZARK REGIONAL LIBRARY

## YOUTH REGISTRATION FORM

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FIRST NAME

MIDDLE NAME

LAST NAME

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DATE OF BIRTH

E-MAIL ADDRESS

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PARENT/GUARDIAN  
NUMBER

LIBRARY CARD

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DAYTIME PHONE

CELL PHONE

WIRELESS CARRIER

MAILING ADDRESS

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STREET

CITY

ZIP CODE

COUNTY

PHYSICAL ADDRESS (WHEN MAILING ADDRESS IS A P.O. BOX)

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STREET

CITY

ZIP CODE

COUNTY

**Responsibility for library resources and technology accessed, or for programs and events attended by children and adolescents, rests with their parents or legal guardians. The Ozark Regional Library does not act in loco parentis and is not responsible for a child or adolescent's choices.**

**I agree to ensure that my child follows all policies and procedures of the Ozark Regional Library. I understand that if these guidelines are not followed, my child and I may lose library privileges and/or be held financially responsible.**

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PARENT/GUARDIAN SIGNATURE

DATE

MMS 07/09/25

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**STAFF USE ONLY**

PATRON SEARCH\_\_\_\_\_ POLICIES OFFERED \_\_\_\_\_NON-RESIDENT FEE\_\_\_\_\_STAFF INITIALS\_\_\_\_\_DATE\_\_\_\_\_