



## Knowledge, Information, Technology Card Registration

Name of School \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day month year

Gender M F  
(circle one)

Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Local/Mailing Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Municipality \_\_\_\_\_

Would you like to receive all library notices via email? (pre-overdue, hold notification, overdue and billing)  
(Circle one) Yes No

Email Address (please print) \_\_\_\_\_

\*If you wish to unsubscribe from e-mail notifications, contact your local library directly.

### STATEMENT OF RESPONSIBILITY

I understand that the library assumes no responsibility for costs or damages to personal equipment as a result of library materials being used with that equipment. I understand that membership information may be shared with other libraries in Huron or Perth counties.

**Ages 16 and over: I accept responsibility for all library materials borrowed with this card and will observe the rules of the library.**

**Ages 15 and under: As a parent/guardian of this child, I understand that children have access to all library materials, including adult, audio-visual and digital materials, and I accept responsibility for my child's selection, use, and return of all materials.**

Name (or Name of Parent/Guardian for children ages 15 and under, please print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

- I give permission for my school to keep this library card number on file for in-class use.
- Huron County Library Students:** I give permission for the library to keep my check out history on file.
- This student already has a library card for the Huron and/or Perth Public library systems.  
The card number is: \_\_\_\_\_
- There are fines to be waived on this card.
- This student had a card for the Huron and/or Perth library systems, but lost the card and would like a replacement.
- I **do not** give permission for my child to have a library card at this time. If selecting this option, please indicate why: \_\_\_\_\_

*The information on this form is collected under the authority of the Ontario Public Libraries Act, RSO 1990, and will be kept confidential. Form information use will be limited to library activities, including notices (holds, overdues, billing), program information and fundraising initiatives. Membership information may be shared with other Huron and Perth County Information Network staff. Questions about the collection of this information should be directed to your local library.*

**Distribution: Ed Centre, Program Department**