



Library Card Application **for Minors**

Welcome to the Daniel Boone Regional Library! This application is for patrons under the age of 18.
The library will not share or distribute your personal information. PLEASE PRINT CLEARLY.

▶ **Name** Last _____
First _____ Middle _____

▶ **Birthdate** ____/____/____ Male Female

▶ **Street Address**

(Street, Route, Apartment Number, etc.)

City _____ County (Boone, Callaway, e.g.) _____ ZIP Code _____

▶ **Other Contact Information**

Primary Phone _____ Alternate Phone _____

How do you prefer to be notified of overdues, holds, etc.? (check one) Email Standard Mail

Email _____

▶ **Parent or Guardian** (One parent or guardian is required to sign. You may also add another parent or guardian if you wish.)

Name Last _____
First _____ Middle _____

Parent/Guardian Library Card Number 2 1269 _____

▶ **Signature** _____ **Date** ____/____/____

As a parent or guardian of the above minor applicant I acknowledge, understand and agree that I am responsible for the selection, use and return of library materials checked out to this account. I further acknowledge, understand and agree that I may be charged the replacement cost for any items not returned or returned damaged. In addition, I acknowledge and understand that if my account becomes overdue to the point that I am billed for unreturned items, my account may be referred to a third party for collection, and I further understand that I may be charged an additional collection fee if this occurs.

I also understand that if my account is so referred to a third party for collection, then confidential information concerning my account or library materials borrowed or used by me, which would otherwise be confidential to me and protected from disclosure without benefit of a court order, as provided for by section 182.817 of the Missouri statutes can be released to the third party or to the court in connection with the collection process, and I waive any right I have under such section of the Missouri statutes or otherwise to object to or complain of such disclosure.

I also understand that I am responsible for the information accessed on the Internet by the above minor and that the Daniel Boone Regional Library does not use filtering software. Library staff can instruct patrons in how to use a filtered search engine upon request.

Optional Second Parent/Guardian Last Name _____
First _____ Middle _____

Library Use Only Brochure given Mail Date ____/____/____ Staff Initials _____

Card # 2 1269 _____ Comments _____