

# Library Card Registration Form

## \* Required information

\*Name \_\_\_\_\_  
Last Name First Name Middle Initial Suffix

\*Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

\*City/Town: \_\_\_\_\_, PA \_\_\_\_\_ \*Zip: \_\_\_\_\_

Alternate Address \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*City, Borough, or Township: \_\_\_\_\_ \*County \_\_\_\_\_

\*Name of primary contact at this address for Library mailings: \_\_\_\_\_

\*School District: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ \*Gender: M F

Language(s) spoken at home other than English \_\_\_\_\_ Home-Schooler: Yes No

(If available) Would you like to be informed about Library events via email? YES NO

By signing you apply for the right to use the Library and you promise to abide by all its rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your card. All registered card holders in good standing have equal right to access all materials and services the Library provides. Some services (i.e.: computing) may require additional signatures. The Independent Local Public Libraries of Lancaster County recognize the legal guaranties of confidentiality as specified by law in The Library Code, Act of June 14, 1961, P.L. 324, as amended through November 1, 2012, Section 9375. The Library promises to keep all Library transactions of all clients confidential and will disclose information to secondary sources only if permission is granted by cardholder or upon legal subpoena.

Any child under 14 years of age must have a parent's signature. Parents and guardians signing for borrowers under the age of 14 are responsible for their overdue fines and lost materials incurred by their usage. Parents and guardians are also responsible for monitoring the materials their children or wards borrow through personal interaction with the child. Please note the Library respects the confidentiality of all clients and extends equal privileges and responsibilities to all clients regardless of age. Parents inquiring on a child's card will need to have the child's consent for information disclosure.

I have read the Library Card User Rights and Responsibilities and this application in full and agree to comply with the guidelines presented.

\*Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

\* Parent Signature (if applicant is under 14) \_\_\_\_\_

+++++

### Library use only:

Barcode \_\_\_\_\_ Date \_\_\_\_\_

Identification Used & Number (Driver's License#) : \_\_\_\_\_

Staff Member Initials \_\_\_\_\_ Out of County:  Access Card Verification  Fee \_\_\_\_\_ Updated 6/08

Date \_\_\_\_\_

## Computer User Contract - Valid for up to 3 Years (expires concurrent with Library card)

Name \_\_\_\_\_

Library Card Number \_\_\_\_\_

Signed at Location \_\_\_\_\_

Address \_\_\_\_\_

Are you 18 years of age or older? YES NO If no, give date of birth \_\_\_\_\_

**Read and check:**

- I have read, understand and agree to comply with the Public Libraries of Lancaster County (LSLC) Cooperative Internet and Computer Use Policy and Disclaimers.
- I understand that should I violate any portion of the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers either explicitly or implicitly I shall lose all computing privileges within LSLC.
- I agree to hold LSLC and its representatives harmless for any and all loss, problem, or damage resulting from my use of Library computers or internet access.
- Further, I agree to indemnify LSLC for any loss or liability that I may incur as a result of any violation of the Computer Use Policy (stated or unstated) by me.

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

Staff Witness \_\_\_\_\_ Date \_\_\_\_\_

*If the user is under the age of 18 a parent or legal guardian must sign below*

By signing below I give permission for my child to use the Library computers and/or access the internet and that I am the legal guardian. I understand by signing this contract they may use the computers, under the agreement as stated here and on the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers, without my immediate supervision.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Witness \_\_\_\_\_ Date \_\_\_\_\_

- LSLC prohibits "displaying, downloading or copying offensive or inappropriate messages, pictures or explicit sexual material as defined in 19 Pa. C.S.A. § 5903."
- U.S. Copyright Law (Title 17, US Code) prohibits the unauthorized reproduction or distribution of copyrighted materials, except as permitted by the principles of "fair use." Users may not copy or distribute electronic materials (including electronic mail, text images, programs, or data) without the explicit permission of the copyright holder. Responsibility for any consequences of copyright infringement lies with the user.

### LIBRARY CARD USE PERMISSION

For card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I \_\_\_\_\_ give the following person/ persons permission to use my Lancaster County Library Card to pick up my holds. I understand they will need to have my card to complete this transaction and may need ID.

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

All materials checked out on this card are my responsibility. I will address all fines and fees promptly. This permission is granted until my card expires, I understand at that time I will have to reissue permission. I can rescind this permission at any other time by visiting and of the Lancaster Public Libraries and revoking the permission with a staff member.

\_\_\_\_\_  
Signed Date