

**Clinton-Macomb Public Library
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Full Name: _____

Signature: _____

Date: _____ Phone: _____

If you are under age 18, a parent or legal guardian must complete the section below.

I hereby certify that I am the parent or legal guardian of the person named above and I give my consent on behalf of him or her.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Name(s) of Child(ren): _____

Date: _____ Phone: _____

Director Approved: October 23, 2013