**Registration Form**

**Regular Program**

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| --- | --- |
| Kid First Name: | Kid Last Name: |
| Age: | Gender: |
| Parent Name: | |
| Primary Phone: | Secondary Phone: |
| E-mail: | |
| **Membership Number**: |  |

I also grant to MIA library team the right to photograph/video me and my kids and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or Web content.

Parent Signature:

Date: