

Application for Alpine County Library Card

Minor/Student Form

Bear Valley \_\_\_\_\_

Markleeville \_\_\_\_\_ Bookmobile \_\_\_\_\_

Date \_\_\_\_\_

FOR STAFF USE	
Resident	Non-Resident
VCFOF _____	ICFOF _____
Patron ID# 20251- _____	

Name (of Minor) \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Permanent Addresses—(Physical and Mailing)**

Physical \_\_\_\_\_

Mailing \_\_\_\_\_

E-mail \_\_\_\_\_

Resident Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Teacher Name/Homeroom**

\_\_\_\_\_  
\_\_\_\_\_

"I agree to accept full responsibility for all materials borrowed on this account. Likewise, I agree to abide by all Library policies and procedures **and to inform staff of any changes to my contact information.**"

Signature of Minor \_\_\_\_\_

**\*Parent's signature** \_\_\_\_\_

*\*Must be signed by parent or legal guardian*

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER** 

# Public Computer and Internet Use Agreement for Minors

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I give my child (named above) permission to use the Library's computers and to access the Library's Internet. My child and I have read the *Public Computer and Internet Use Policy* and agree to abide by the rules and policies stipulated. While the Library uses Internet filtering that is CIPA (Child Internet Protection Act) compliant, I understand that the Library does not monitor student (minor) use and has no control over the information provided in websites, and therefore cannot be held responsible for the websites' contents. I am also aware that Internet filtering does **not** guarantee that inappropriate information, including pictures and graphics, are successfully blocked from viewing.

I agree to hold harmless, indemnify and defend the County of Alpine, its officers and employees, from any claim or demand, obligation or liability including reasonable attorney's fees, due to or arising out of my child's use of the Library's computer or the Library's Internet (including the Library's wireless access) while he/she is inside the library or on its premises.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

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## Parental Consent to check out MOVIES

I \_\_\_\_\_ am the parent or legal guardian of

\_\_\_\_\_, and acknowledge that I am fully responsible for reviewing and determining the suitability of all movies obtained from the library for viewing by my child and any other children which may view the movie as a result of it being available to my child. I understand that there are movies available in the library that may contain graphic content or language inappropriate for children. The Library staff does not and will not screen movies to determine if they are suitable for minors. I fully understand that this is the responsibility of parents and/or legal guardians.

I acknowledge that the Alpine County Library and library staff are not responsible or liable for any material viewed by child or other children in my supervision, and agree to hold harmless, indemnify and defend the County from any claim or legal action arising from the availability of movies to my child or other children as stipulated above.

Parent or Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**OVER** →