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 _____ / _____ / _____  Preferred Name __________________________________________________________

Street Address

_________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________

(Street, Route, Apartment Number, etc.)

City __________________________________________  County (Boone, Callaway, e.g.) ____________________________  ZIP Code _____________ +4 (if known)

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 ____________________________________________________________