

TAG!

TAG! Application

You're it!

Please print this form, fill it out,
and return it to the
Chesapeake Public Library

Name of Teen: *(please print)*

Address: _____

City: _____ Zip _____

Email _____

Phone: (h) _____ (cell) _____

Birthday: _____ Grade: _____

School: _____

Emergency Contact Name:

Emergency Contact Phone # _____

Teen's Signature:

Date _____

Parents: For T.A.G. events, teens may need to contact each other. Please indicate below if your teen has permission to share his/her phone number and e-mail address with other T.A.G. members. Please indicate whether or not your teen's photo and first name (only) may be displayed in the library or in the teen area of the CPL website (www.chesapeake.lib.va.us). If you have any questions about T.A.G., please call your library.

My signature indicates that I am aware that membership in T.A.G. is dependent on the appropriate behavior of my teen, and if necessary, teens may be excluded from T.A.G. events at the discretion of the T.A.G. coordinator.

Yes, my teen may share their contact information with TAG

No, my teen may not share their contact information with TAG

Yes, my teen's photo and first name may be displayed.

No, my teen's photo and name may not be displayed.



Signature of Parent or legal Guardian:

Date _____