Library Card Registration Form

Lancaster County residents 5 years of age and older are eligible to apply for a library card.

* Required information

**Name:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix</th>
</tr>
</thead>
</table>

**Mailing Address:**

Apt. #

**City/Town:**

*State:*  
*Zip:*

**Street Address (if different from above):**

**City, Borough, or Township:**

*County:

**Primary Phone:**

Alternate Phone:

E-mail:

* By providing your email address you are agreeing to receiving library account notifications such as hold pick-up, courtesy reminders, and overdue notices via email.

**Date of Birth:** Month: Day: Year:  
*School District

- By signing you promise to abide by all library rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your account.
- Any child under 14 years of age must have a parent’s or guardian’s signature.
- Parents and guardians signing for borrowers under the age of 14 are responsible for overdue fines and lost or damaged materials incurred by their usage.
- Parents and guardians are responsible for monitoring the materials their children or wards borrow through personal interaction with the child.
- Unless compelled by law, the library is not permitted to release account information without permission from the account owner even when the account owner is a child.

**Applicant Signature:**

Date:

**Parent / Guardian Signature** (if applicant is under 14):

Library use only:

**Legal Name (if applicable):**

☐ Lancaster County  
☐ PA Resident Served Area  
☐ Fee

Address Verified:

☐ YES  
☐ NO

Card Type:

☐ Standard Card  
☐ Welcome Card  
☐ OSR Update

Patron #:  
Staff Initials:

Updated 12/2023
Computer User Contract - Valid for up to 3 Years
(Expires concurrent with Library card)

Date: ___________________

Name: ____________________

Library Card Number: ____________________

Signed at Location: ____________________

Address: ____________________

Are you 18 years of age or older? YES □ NO □ If no, give date of birth: ____________________

I have read, understand and agree to comply with the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers. I further understand any infraction of the agreement will result in the loss of my computer privileges. I agree to hold LSLC and its representatives harmless for any and all loss, problem, or damage resulting from my use of Library computers or internet access. Further, I agree to indemnify LSLC for any loss or liability that I may incur as a result of any violation of the Computer Use Policy (stated or unstated) by me.

Signature: ____________________ Date: ____________________

Staff Witness: ____________________ Date: ____________________

If the user is under the age of 18 a parent or legal guardian must sign below

By signing below, I give permission for my child to use the Library computers and/or access the internet and that I am the legal guardian. I understand by signing this contract they may use the computers, under the agreement as stated here and on the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers, without my immediate supervision.

Parent/Guardian Signature: ____________________ Date: ____________________

Staff Witness: ____________________ Date: ____________________

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I understand that should I violate any portion of the Public Libraries of Lancaster County Cooperative Internet and Computer Use Policy and Disclaimers either explicitly or implicitly I shall lose all computing privileges within LSLC.

Updated 12/2023