



Best Buy Teen Tech Center Membership Application

Membership Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Birth Date: _____

Library Card #: _____

Name of School: _____ Grade: _____

Primary Email Address: _____

Name of Parent or Guardian: _____

Relationship: _____ Phone: _____

Permission: I give permission for _____ to participate in the activities of Best Buy Teen Tech Center at the New Orleans Public Library. I give my consent to the New Orleans Public Library, the Best Buy Teen Tech Center and its partners (including The Clubhouse Network, Best Buy, Intel and others) to use and publish, for any purpose whatsoever, photographs, films, tape and images taken of or created by him/her as a Clubhouse member. All materials become the property of The Clubhouse Network and may be used for any purpose. I release the New Orleans Public Library from any and all claims arising from injury at Best Buy Teen Tech Center at the New Orleans Public Library.

Signature of Parent/Guardian

Date