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## YOUTH PERMISSION FORM

- I give my child (print name) \_\_\_\_\_  
permission to withdraw (circle one) 3 5 10  
books / videos/ etc. from the library during off school hours.  
**I understand that I will be responsible to make sure the borrowed items are returned  
on time and in the same condition in which they were borrowed.**
- I give my child (print name) \_\_\_\_\_  
Permission to set up an E-Libraries Account with Libby and access its content.  
**It is the sole responsibility to the parent/guardian to monitor the childs use of the Libby  
app and its contents. The Jolys Regional Library does not assume any responsibility.**

Parent/guardian contact information:

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

House #, Street, Town

Mailing Address: \_\_\_\_\_

PO Box, Town, Postal Code

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Members are defined as residents of either the Village de St. Pierre-Jolys or the R.M. of DeSalaberry.  
Non-Residents can become members for a yearly rate of \$60.00