



175 Trojan Trail Glasgow, KY 42141 270.651.7297 brawa.critterclub@gmail.com

**CRITTER CLUB AT BRAWA – REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME CHILD GOES BY: \_\_\_\_\_

**CONTACT INFORMATION**

PARENT/GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

MEDICAL CONSIDERATIONS (allergies, medical conditions, physical limitations, medications, etc.): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (USED IF PARENTS ARE NOT AVAILABLE)**

EMERGENCY CONTACT 1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT 2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**\*In case of accident, emergency, serious illness, I request that BRAWA contact me. If BRAWA is unable to reach me or the emergency contacts, I give them permission to make whatever arrangements deemed necessary.**

**I authorize BRAWA to use my child's name, photograph, or video for educational/public relations purposes, unless box below is checked.**

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

I do not authorize BRAWA to use my child's photo or video for any reason.

**\$40 if paid in full, OR \$10 per meeting. Please make checks to BRAWA.**

Payment Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_