

## Critter Camp 2018 Registration Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Child's Shirt Size: \_\_\_\_\_

### Contact Information

Parent/Legal Guardian: \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Work No. \_\_\_\_\_ Email Address \_\_\_\_\_

Medical Considerations:(allergies other than seasonal, medical or physical limitations, etc.,)

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Information

Emergency Contact #1: \_\_\_\_\_

Relationship - \_\_\_\_\_ Ph. No. \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship - \_\_\_\_\_ Ph. No. \_\_\_\_\_

(Emergency contact will be used if parents are not available)

\* In case of an accident, emergency, and/or serious illness, I request that BRAWA contact me. If BRAWA is unable to reach me or the emergency contact(s), I authorize BRAWA to make whatever arrangements deemed necessary on my child's behalf to seek medical attention.

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

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

**\*\* I authorize Barren River Animal Welfare Association the use of my child's name, photograph, and/or video to be used and published for educational and marketing/public relations purposes unless checked below.**

**Signature:** \_\_\_\_\_

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

\_\_\_\_\_ **I DO NOT authorize BRAWA the use of my child's name or photograph for any reason.**

**Payment Method:**

**Checks must be made payable to BRAWA**

**Check # \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_**

**Buddy Camp - \$125 / Camp BRAWA - \$100**

**BRAWA - Barren River Animal Welfare Association**

**157 Trojan Trail, Glasgow, KY 42141 (270)651-7297**