

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