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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