Brooke´s Round-Up

Registration Form

Participant's Name: _____ _____
First Last

Date of Birth: _____

Address: _____
Street City State ZIP

Telephone: _____ _____
Home Cell

E-mail: _____

Emergency Contact: _____ _____
Name Relation and Phone #

# of Guests Attending with Participant: _____ (parents, siblings, etc.)

Please indicate the participant's special need(s)/disability:

_____

Does the participant require the use of ambulatory aids? _____ (Y/N)

If yes, what type? _____

Photo Release:

I, ___**DO** ___**DO NOT**, consent to and authorize the use and reproduction by Allen's Place Inc and/or Blazin' Trails Cowboy Church of any and all photographs and any other audio/visual taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
Client, Parent or Legal Guardian