

**Bartlesville Area History Museum
Camp/Program**

Registration Form

Student's Name _____

Parents: _____ **Grade completed** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Major Phone: _____ **Other Phone:** _____

E-Mail: _____

Please let us know of any health problems your child may have including allergies

Please list: _____

Is there someone besides yourself, if you cannot be reached, with authorization for your child to be treated in the case of a medical emergency? _____yes_____No

Name and Emergency number: _____

Please check and sign for permission to use your child's picture for publicity or other BAHM publications.

_____Yes_____No Signature _____

Questions? Contact

**Betty Keim
Education**

Mail Registration & Permission Form

To:

**Bartlesville Area History
Museum
Attention: Betty Keim
401 Johnstone
Bartlesville, OK 74003**