

**Bartlesville Area History Museum
Summer History Camp**
August 1-3, 2017 < 1:00p.m. -3:00 p.m. >

Registration Form

Student's Name _____

Age: _____ Completed Grade: _____

Parents: _____

Address: _____ City: _____ State: _____ zip: _____

Emergency Phone #: _____ Alternate Phone#: _____

Please mail or deliver to:

Bartlesville Area History Museum
401 S. Johnstone – 5th Floor
Attention: Jo Crabtree
Bartlesville, OK 74003

QUESTIONS? Contact~

Jo Crabtree
Museum Coordinator
918-338-4294
jacrabt@cityofbartlesville.org

See reverse side for:

Photograph Release permission/ Emergency Contact Information

**Emergency Contact Information
Photograph Release permission**

Bartlesville Area History Museum Summer History Camp

Student's Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Height _____ Weight _____

PHOTOGRAPH AGREEMENT BETWEEN PARENT AND MUSEUM:

I agree that during my child's participation in the Camp that agents of BAHM take photographs for publicity purposes on behalf of the Bartlesville Area History Museum. I give my permission to BAHM, all rights, title and interest to such photographs, and agree that such photographs may be used in the future marketing, publicity and promotion of BAHM Summer History Camp on the Museum website, Museum newsletter, or Museum Facebook page.

Signature of Parent/Guardian

I DO NOT give authorization for my child's photographs for use in any of the above:

Signature of Parent/Guardian

Father's Home Phone _____ Work/Cell Phone _____

Mother's Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Relationship _____
Phone _____

Child Information Allergies _____

Medical Problems _____