

McCallum Blue Brigade Kiddie Clinic Registration

(You can also register online at *bbkiddieclinic2018@eventbrite.com*)

NAME: _____ 2018 Grade: _____

Parents Name: _____

Address: _____ Zip _____

Parent email: ** reminders will be sent via email so please print clearly!

Cell # _____ Alt # if available _____

T-shirt size (circle one) Child M L Adult S M L

Medical Form

In case of an accident or serious illness, I request the Blue Brigade to contact me. If the Blue Brigade is unable to reach me I hereby authorize them to call the physician below and follow given instructions. If impossible to reach the physician below, the Blue Brigade may take whatever action they deem necessary.

(Print clearly)

Physician: _____ Phone Number: _____

Hospital Reference: _____

Signature of Parent/Guardian: _____

Registration forms can be mailed to

Nancy Honeycutt Searle
9419 Spring Hollow Dr. Austin, TX 78750

** make checks payable to *McCallum Blue Brigade*