



Frazier Kids Club Registration

(for 6 to 12 year olds)

Childs Information:

Name _____ Age _____

Address _____

City _____ State ____ Zip Code _____ Home Phone _____

Emergency Phone _____ Email Address _____

Birthday _____

Parent/Guardian Information:

Parent/Guardian Name _____

Phone (if different than above) _____

Parent Email Address _____

List any special needs _____

Parental/Guardian Waiver:

I hereby release, waive and forever discharge The Frazier International History Museum (the "Frazier") and its employees of and from all claims arising from the participation of my child[ren] in any activity at or sponsored by the Frazier unless such injury, loss or damage is caused by the sole negligence of the Frazier or its employees while acting within the scope of their duties. I, the Parent/Guardian, agree that any photographs or digital video taken by the Frazier staff may be used in any future advertisement or promotion of the Frazier.

Name of Child[ren]: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Please return this filled out form to complete your Frazier Museum Kid's Club registration.

Send to: Frazier International History Museum
Attn: Paddy DeGeorge
829 West Main Street
Louisville, KY 40202

For more information, contact
Paddy DeGeorge at (502)753-1683.