



Black Boys Read NOLA Registration Form:

Member First Name: _____ Last: _____

DOB: _____ Age: _____

Parent Name (s): _____

Email (s): _____

Phone (s): _____

Address: _____

Emergency Contact: _____ Phone: _____

Media Release:

I hereby give my consent to use all photographs, audio recordings, artwork, and/or video recordings taken of me or my minor child to Black Boys Read NOLA, its staff or designee. I understand that such photographs, audio recordings, artwork, and/or video recordings becomes the property of BBR NOLA and may be used by others with their consent for educational, instructional, or promotional purposes as determined by BBR NOLA in printed, recorded, broadcast, or other electronic formats.

Food Allergies:

Snacks will be provided during Book Club Meetings. Please let us know if your child has a food allergy.

_____ No, my child has no known food allergies

_____ Yes, my child is allergic to: _____

Signed: _____ Date: _____