

**LYCOMING COUNTY HISTORICAL SOCIETY  
HISTORY DAY CAMP 2019 APPLICATION**

**July 29 - August 2, 2019; 9:00 AM - Noon**

**Children will enjoy a variety of activities while learning the history of the region.  
Programing will focus on the World War I & World War II.**

Please complete and return to: LCHS, 858 West Fourth Street, Williamsport, PA 17701  
Phone: 570-326-3326

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening)

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical conditions? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please explain below)

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact the person(s) named below who is authorized to act in my behalf.

EMERGENCY CONTACT \_\_\_\_\_  
(Name & Address)  
PHONE \_\_\_\_\_ (daytime)

If you wish your family physician to be contacted in case of emergency, please provide the information below.

PHYSICIAN'S NAME \_\_\_\_\_  
(Name & Address)  
PHONE \_\_\_\_\_ (daytime)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the teachers and assistants acting in the capacity of activity supervisors of participants to consent to medical, surgical, or dental examination and/or treatment. (Signature of both parents required if one parent does not have sole custody)

\_\_\_\_\_  
(Signature of Parent or Guardian) (Phone)

\_\_\_\_\_  
(Signature of Parent or Guardian) (Phone)

**Over please for more information**

**Lycoming County Historical Society  
History Day Camp 2019 Application**

WAIVER OF LIABILITY AND DISCLAIMER

To induce Lycoming County Historical Society to accept registration and permit participation by the named individual in History Day Camp 2019, I/We, the parent/s or guardian/s of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless Day Camp 2019, its officers, directors, teachers, and assistants from any claim arising out of injury to the named individual. I/we also permit my/our children to participate in possible field trip experiences that will include car/bus travel to another location. I/we assume the risk of all conditions in and about the premises of LCHS or at field trip locations and waive any right to specific notice of the existence of such conditions. (Signature of both parents required, when child is not in sole custody of one).

|                                |        |
|--------------------------------|--------|
| _____                          | _____  |
| (Signature of Parent/Guardian) | (Date) |
| _____                          | _____  |
| (Signature of Parent/Guardian) | (Date) |

Dear Parent:

If you are a Historical Society member, please include payment of \$60 per child. The fee is \$70 per child for non-members. Payment in full reserves your child's space. If you would like to charge it to your Visa/Master Card account, please phone the museum at 570-326-3326 or visit the museum with the information. No matter how you choose to pay, we need this **application returned to LCHS by July 23, 2019** to guarantee your child's space. **Because of costs incurred during camp preparation, no refunds will be given after July 16, 2019.** A \$10 processing fee per application will be retained from all refunds. Thank you.

During Day Camp, photographs will be taken of the children for inclusion in the Day Camp 2018 Photo Album. LCHS also may use the photographs for publicity purposes for newspaper articles, brochures, etc. If you do not want your child's/children's photo reproduced for publicity purposes, please indicate on the following form.

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The Lycoming County Historical Society **does have** my/our permission to use photos taken of my/our child/children during Day Camp 2019 for publicity purposes.

|                                   |        |
|-----------------------------------|--------|
| _____                             | _____  |
| (Signatures of Parents/Guardians) | (Date) |

The Lycoming County Historical Society **does not have** my/our permission to use photos taken of my/our child/children during Day Camp 2019 for publicity purposes.

|                                   |        |
|-----------------------------------|--------|
| _____                             | _____  |
| (Signatures of Parents/Guardians) | (Date) |