

**LYCOMING COUNTY HISTORICAL SOCIETY
HISTORY DAY CAMP 2026 APPLICATION
July 27 – July 31, 2026; 9:00 AM - Noon
Theme: America250**

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)
EMAIL _____

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 2026 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 2026, 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 2026, 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 17, 2026** to guarantee your child's space. **Because of costs incurred during camp preparation, no refunds will be given after July 17, 2026.** 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 2026 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.

Please check ONE of the following and sign:

The Lycoming County Historical Society:

_____ **HAS** my/our permission to use photos taken of my/our child/children during Day Camp 2026 for publicity purposes.

_____ **DOES NOT HAVE** my/our permission to use photos taken of my/our child/children during Day Camp 2026 for publicity purposes.

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