



Lincoln County Historical Association
 Summer with the Past Program
 Registration Form 2017

Parents'/Guardian's Name _____

Child's/Children's Name _____ Age _____

Address _____

E-mail _____ Preferred Phone # for our use _____

Emergency Phone Numbers _____

On behalf of the participating child/children, we hereby give permission for the participant(s) to be photographed or videotaped for educational or promotional purposes during the program. Yes No (please circle one)

Insurance information encase of an emergency:

Is the participant(s) covered by family medical and hospital insurance? Yes No

Insurance Provider _____ Policy Number _____

Name of Personal Physician _____ Physician's Number _____

Allergy History:

Is the child/children allergic to any food, medication, or other substance? Yes No

If "yes" please list all allergies and describe your child's reaction to them: _____

Has the child/children every had any unusual reaction to an insect bite or bee sting? Yes No

If "yes" please explain: _____

Dietary Restrictions - Although all children will be provided food for snack and lunch by their parents or guardian, please let list any food allergies or restrictions we should be aware of. _____

Medication - Will the child/children be required to take any medications, prescribed or over-the-counter medicines during the program hours? Yes No

If "yes" please provide details: _____

Other Restrictions - Please provide information on any physical restrictions or a disability that pertains to your child/children that we should be aware of. _____

Parent/Guardian Signature _____

Printed Name _____ Date _____

Summer with the Past

Registration is for:

Chapman-Hall House ~ _____

Dates: June 26 - 30 _____ Times: 9 am to 1 pm

Fee: \$65 (\$55 for Members)

Pownalborough Courthouse ~ _____

Dates: July 10 - 14 _____ Times: 9 am to 3 pm

Fee: \$115 (\$105 for Members)

1811 Old Jail ~ _____

Date: August 7 - 11 _____ Times: 9 am to 3 pm

Fee: \$115 (\$105 for Members)

Total Enclosed: _____

Please Note: At this time LCHA can only accept checks or money orders. Please make your check out to - Lincoln County Historical Association. Please mail your check and this form together - address: Lincoln County Historical Association, Post Office Box 61, Wiscasset, ME 04578.

Parents/Guardian are expected to provide a snack, drink and lunch for their child/children. Please have your child/children arrive on time to begin the day's activities, and please picked up promptly at the end of the day's program. *Thank you*