



Lincoln County Historical Association
Summer with the Past Program
Registration Form 2025

Parent(s)/Guardian's Name _____

Child's/Children's Name _____ Age _____

Address _____

E-mail _____ Preferred Phone # for our use _____

Emergency Phone Numbers _____

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 list any food allergies or restrictions we should be aware. This is especially important if your child is attending the July 14 - 18 week as we will be cooking one day at the FARMS kitchen at the Y.

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.

Waiver Consent - Lincoln County Historical Association conducts its programs to provide for the safety of all those involved. However we cannot assume liability for accidents, illness or personal injury. By signing below you agree to release the Lincoln County Historical Association from claims relating to accidents, illness and personal injury.

I give my permission to photograph my child during the program activities and the photos can be used for promotional and educational purposes -- Yes No

Parent/Guardian Signature _____

Printed Name _____ **Date** _____

Tuition Assistance Requested _____ My letter requesting a scholarship attached.

Summer with the Past -

Stepping Back: discovering Skills and Pastimes of the 18th & 19th Centuries

Registration is for:

Chapman-Hall House ~ _____

Dates: July 14 - 18 (Ages 8 -11)

Times: 9 AM to 1 PM

Fee: \$100 (\$90 for Members)

Chapman-Hall House ~ _____

Dates: July 28 - August 1 (Ages 12 - 15)

Times: 9 AM to 1 PM

Fee: \$110 (\$100 for Members)

Total Enclosed: _____

Please Note: At this time LCHA can only accept checks or money orders. Checks should be made 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. Bottle water is kept on hand and available for the children if they use up the drink they brought for the day. Please have your child/children arrive on time to begin the day's activities, and please pick them up promptly at the end of the day's program. *Thank you*