

HISTORY CAMP 2019 REGISTRATION



Child's Name: _____

Age: _____ Date of Birth: _____ M F

Parent Name: _____

Address: _____

Phone: _____ Email _____

School: _____

T-shirt size: (Extra shirts \$10 each) ___ Youth M ___ Youth L

___ Adult S ___ Adult M ___ Adult L ___ Adult XL

*Child or Grandchild of: WHM member GWF Staff/Volunteer

CONTACT PERSON DURING CAMP WEEK:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

CAMPER'S HEALTH HISTORY

Have or subject to: Asthma Seizures Bee Sting Allergy

Food or other allergy (please specify) _____

Any significant medical condition we should know about? _____

Any restrictions from activity? _____

Any accommodations needed by camper? _____

PHOTO RELEASE AUTHORIZATION

I hereby give History Camp the absolute right and permission to publish, copyright and use pictures of my child in which he/she may be included in whole or in part, composite or retouched in character or form. I understand that signing this release does not guarantee publication of a photo.

Parent/Guardian signature: _____

CHILD RELEASE AUTHORIZATION

The following persons are authorized to pick up the camper: (ID will be checked at pick-up)

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

How did you hear about this camp? _____

List any children your camper(s) would like to be with this week: _____

This information above is correct as far as I know, and the camper has my permission to engage in all activities.

Parent/Guardian signature: _____ Date: _____

Questions? Please contact: Elizabeth Hosier 540-370-0732 ext. 22

Return form with check for \$135 (*GWF/WHM discount \$125) payable to The GEORGE WASHINGTON FOUNDATION to:
Washington's Ferry Farm, Attn. Vickie Hayes, 268 Kings Highway, Fredericksburg, VA 22405

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