



Summer Camp Registration Form

Summer 2024 Pioneer Village Day Camps. Camps may fill quickly. Please fill out a separate form for each camper. Payment should be sent with registration materials. In the event a summer camp does not meet minimum required registration, your registration fee will be returned.

Camper's Name: _____

Age: _____ Grade in Fall: _____ Gender: Male _____ Female _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact (to be contacted if parents can't be reached)

Name: _____

Relationship to Child _____ Phone Number: _____

Is the camper (or their family) a member of the Barron County Historical Society? Y _____ N _____

Camper's should bring a sack lunch and water bottle. Snacks will be provided. Sunscreen suggested.
All camps are 9 am to 4 pm. Late or Early Pickup is available for \$10 per day – 8 am arrival, 5 pm departure.

Name of Camp	Age	Date	Check Camp Attending	Fee
Native American Life Camp	Age 7 - 15	June 12, 13, & 14		\$85 (\$75 children or grandchildren of members)
Pioneer Life Camp	Age 7 - 13	July 9, 10, & 11		\$85 (\$75 children or grandchildren of members)
Frontier Living Camp	Age 7 - 13	July 24, 25, & 26		\$85 (\$75 children or grandchildren of members)
Pioneer Life Camp	Age 7 - 13	August 6, 7, & 8		\$85 (\$75 children or grandchildren of members)
Theatre Camp	Age 7 - 13	August 20, 21, & 22		\$85 (\$75 children or grandchildren of member)
		TOTAL		

A limited number of scholarships are available for campers with limited financial means. Please inquire.

Medical Concerns

___ Physical Handicaps ___ Heart Problems ___ Sensitivity to Sun ___ ADD/ADHD

___ Asthma ___ Diabetes ___ Seizures ___ Exercise Induced Difficulties

Other Concerns (Physical or Behavioral) that we should know: _____

Allergies: Describe reactions and management instructions

Insects/Animals/Plants (list) _____

Food (list) _____

Medications (list) _____

Camper's additional needs: _____

Consent Statement

_____ I will not hold the Barron County Historical Society responsible in case of an injury resulting from my child's participation in a Summer Camp program and give consent for my child to receive emergency treatment by a physician or hospital as needed.

Date: _____

Parent/Guardian Signature

Permission to Photograph and/or Videotape

___ Yes, the Barron County Historical Society has permission to photograph and/or videotape my child for Barron County Historical Society promotions and publications. All images produced will have a direct association to the Society and its promotion of summer camps and educational programs.

Date: _____

Parent/Guardian Signature

Please send completed forms with full payment to:
Barron County Historical Society – Summer Camp Registration
P.O. Box 242 1866 13 ½ - 14th Avenue
Cameron, WI 54822
(715) 458 – 2080 www.pioneervillagemuseum.org