

Summer 2019 Pioneer Village Day Camps. Camps may fill quickly. Please fill out a separate form for each camper. Payment should be sent with registration materials. Refunds will not be given for cancelation. In the event a summer camp does not meet minimum required registration, your registration fee will be returned.

Summer Camp Registration Form

**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 \_\_\_\_\_\_\_\_\_\_

**Campers should bring a sack lunch and water bottle. Snacks will be provided. Sun Screen 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 |
|  Pioneer Camp |  Age 8 - 13 |     June 25, 26, & 27  |  |  $85 ($75 children or grandchildren of members) |
| Civil War Camp |  Age 8 - 13 |     July 23, 24, & 25 |  |  $85 ($75 children or grandchildren of members) |
| Frontier Life Camp |  Age 8 - 13 | July 31, August 1, & 2 |  |  $85 ($75 children or grandchildren of members) |
|  |  |         Total Payment |  |  |

**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. I understand that during some camps, food naturally grown and made at Pioneer Village Museum is shared with campers as a way to enhance the summer camp. I give consent for my child to eat foods supplied.

\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**Permission to Photograph and/or Videotape**

\_\_\_\_ Yes, the Barron Count 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.

\_\_\_\_ No, the Barron County Historical Society may not photograph and/or videotape my child for Society publications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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](http://www.pioneervillagemuseum.org)