



Lincoln County Historical Association  
 Summer with the Past Program  
 Registration Form 2024

Parent(s)/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. \_\_\_\_\_

**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: June 24 - June 28 (Ages 7 -11)

Times: 9 AM to 1 PM

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

Chapman-Hall House ~ \_\_\_\_\_

Dates: July 22 - 26 (Ages 12 - 15)

Times: 9 AM to 1 PM

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

1811 Old Jail ~ \_\_\_\_\_

Date: August 5 - 9 (Ages 7 - 11)

Times: 9 AM to 3 PM

Fee: \$150 (\$140 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. On the 9 to 3 days, two snack times are scheduled. Bottle water is kept on hand at each site 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*