

PLEASE PRINT AND MAIL WITH PAYMENT

SPACE IS LIMITED SO RESERVE YOUR SPOT TODAY!

GEAUGA COUNTY HISTORICAL SOCIETY PIONEER SCHOOL REGISTRATION
2024

July 8-12, 2024 10-3pm

Ages 8-12 years

Cost: \$100 for GCHS Members, \$120 for Non-Members Please complete the
registration form by June 28, 2024.

Make check payable to GCHS and mail with registration to:

Geauga County Historical Society PO Box 153
Burton, Oh 44021 Attn: Pioneer School

Credit card payments can be made over the phone or on our website:
www.centuryvillagemuseum.org

Please contact our office (440)834-1492 if you need assistance.

*** If you wish you may bring a packed lunch, to meet any dietary needs or
requirements, to enjoy lunch on the grounds ***

Child's Last Name: _____ Child's First Name: _____

Child's Age: _____

Child's D.O.B.: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Do you grant permission for us to photograph your child for use in our publications?

* Yes * No

Does your child have any special needs or allergies?

If someone other than the Parent/Guardian will be picking the child up please list their full names as stated on their driver license:

Parent Signature: _____

*** If you wish, you may bring a packed lunch, to meet any dietary needs or requirements, to enjoy lunch on the grounds ***

****Please complete one form for each child registered****

PERMISSION FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL RECORD INFORMATION

For the week of July 8-12, 2024 I/We, the parent(s)/legal guardian(s) of the child listed below hereby authorize permission for medical treatment of and release of medical record information concerning our child in the event we cannot be reached in an emergency.

(Please print)

Child's Name: _____

Home Address: _____

Home/Cell Phone: _____

Date of Birth: _____

Known
Allergies:

Date of last Tetanus/Diphtheria booster: _____

Routine or current
medications:

Significant medical
problems/conditions:

Physician/Pediatrician: _____

Parent/Guardian: _____

Parent/Guardian Work/Cell Phone: _____

Parent/Guardian: _____

Parent/Guardian Work/Cell Phone: _____

Parent/Guardian Signature
