



# Historic Fort Steuben

PO Box 1787 120 South Third Street  
Steubenville OH 43952  
740-283-1787

**SUMMER 2018**

## YOUTH EDUCATIONAL PROGRAM REGISTRATION FORM

*Please fill out and sign the following form and return it with your registration fee of \$55 by May 28<sup>th</sup> for Session 1, by July 2<sup>nd</sup> for Session 2*

NAME OF STUDENT \_\_\_\_\_

GRADE COMPLETED \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PHONE (WHERE PARENT CAN BE REACHED DURING PROGRAM SESSION)

PROGRAM SESSION 1 \_\_\_\_\_  
June 4-8

PROGRAM SESSION 2 \_\_\_\_\_  
July 9-13

### MEDICAL ALERTS

DOES YOUR CHILD HAVE ALLERGIES OR MEDICAL CONDITIONS THAT WE MUST KNOW ABOUT? PLEASE LIST (E.G. BEES, WASPS, ASTHMA, FOODS, OR WOOL)

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL RELEASE

IN CASE OF EMERGENCY, OLD FORT STEUBEN HAS MY CONSENT TO CONTACT (FAMILY DOCTOR: NAME & PHONE)

\_\_\_\_\_

IN CASE OF EMERGENCY, OLD FORT STEUBEN HAS MY CONSENT TO TAKE MY CHILD TO THE NEAREST HOSPITAL OR MEDICAL FACILITY FOR NECESSARY TREATMENT.

### HOLD HARMLESS

ALTHOUGH OLD FORT STEUBEN MAKES EVERY ATTEMPT TO MAINTAIN SAFE AND SECURE CONDITIONS, NEITHER THE FORT NOR ANY OF ITS STAFF, VOLUNTEERS OR BOARD MEMBERS WILL BE RESPONSIBLE FOR ANY LOSS OR DAMAGE INCURRED DURING THE SUMMER EDUCATIONAL PROGRAM. IT IS RECOMMENDED THAT ALL PARTICIPANTS HAVE INSURANCE COVERAGE.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FORT USE: DATE RECEIVED _____ PAYMENT MADE _____
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