



**Mahoning Valley Historical Society
Broadcasting
2019 Summer Day Camp
June 24 - 28**

Registration Form

Participant Name _____

Address _____

City _____ State _____ Zip _____

School _____

Phone _____

Age _____ Date of Birth _____ Grade Completed as of June 2018 _____

Parents'/Guardians' Names _____

Other numbers where Parents/Guardians may be reached (work, cell, etc.) _____

E-mail Address _____

T-Shirt Size (Please Circle) – Youth: S M L XL Adult: S M L XL

Alternative Contact – in case of emergency if Parent/Guardian cannot be reached

Name/Relationship _____

Phone Number _____

Medical Information

Known Allergies (Please write "None" if no allergies) _____

Medications (Please write "None" if no medications) _____

Medical Conditions (Please write "None" if no medical condition exists) _____

Permission and Photo Release Form

I give my permission for _____ to take part in *Broadcasting Summer Day Camp* with the Mahoning Valley Historical Society. I give my permission to Mahoning Valley Historical Society Staff and Volunteers and/or hospital staff to administer proper medical assistance to the above named participant in case of emergency. I agree not to hold the Mahoning Valley Historical Society or any of their agents responsible in the event of injury or illness to my child.

I **do / do not** (*please circle*) give my permission for photographs of _____ to be taken and used in printed and published form by the Mahoning Valley Historical Society for marketing and publicity purposes.

Parent or Guardian (Please Print)

Date

Signature of Parent or Guardian

Registration Fee

\$75 – MVHS Members

\$100 – Non MVHS Members

Family Membership is \$75

**Registration for the Camp is due
June 17.**

Register early, space is limited!

Payment Form

MVHS Member? _____

Registration Fee _____

Early Drop-Off (\$15) _____

Late Pick-Up (\$15) _____

Total _____

Yes? No?
Early Drop Off:
Before 9:15 am

Late Pick-up:
After 4:45 pm

Method of Payment

____ Cash ____ Check (Made out to the Mahoning Valley Historical Society) ____ Credit Card

Card Number _____ Sec Code _____ Exp. Date _____ Zip Code _____

Name on Card _____ Signature _____

****We are able to take credit card information over the phone if you prefer – just give us a call!**

Please Return to:
MVHS
C/O Traci Manning
648 Wick Avenue
Youngstown, OH 44502

Please call 330-743-2589 ext. 121 or e-mail education@mahoninghistory.org
for more information.