



**Mahoning Valley Historical Society**  
**My Town – Your Town – Youngstown**  
**2018 Summer Day Camp**  
**July 9 – 13**

**Registration Form**

Participant Name \_\_\_\_\_ M/F (Circle)

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 *My Town – Your Town – Youngstown 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

\$90 – MVHS Members

\$115 – Non MVHS Members

**Family Membership is \$75**

**Registration for the Camp is due  
June 25.**

**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 (MC/Visa)

Card Number \_\_\_\_\_ 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](mailto:education@mahoninghistory.org)  
for more information.