

**LYCOMING COUNTY HISTORICAL SOCIETY  
CHILDREN'S WORKSHOP  
February 16, 2019; 9:00 AM – 12:30 PM**

Please complete and return to: Lycoming County Historical Society  
858 West Fourth Street  
Williamsport, PA 17701  
Phone: 570-326-3326

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening)

Does this child have any disabilities, handicaps, present injuries or limitations, allergies (including food), hemophilia, heart condition, history of respiratory illness, or any other significant medical conditions? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please explain below)

In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact the person(s) named below who is authorized to act in my behalf.

EMERGENCY CONTACT \_\_\_\_\_  
(Name & Address) \_\_\_\_\_ PHONE \_\_\_\_\_ (daytime)

If you wish your family physician to be contacted in case of emergency, please provide the information below.

PHYSICIAN'S NAME \_\_\_\_\_  
(Name & Address) \_\_\_\_\_ PHONE \_\_\_\_\_ (daytime)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the teachers and assistants acting in the capacity of activity supervisors of participants to consent to medical, surgical, or dental examination and/or treatment. (Signature of both parents required if one parent does not have sole custody)

\_\_\_\_\_  
(Signature of Parent or Guardian) \_\_\_\_\_ (Phone)

\_\_\_\_\_  
(Signature of Parent or Guardian) \_\_\_\_\_ (Phone)

**Over please for more information**

**Lycoming County Historical Society  
Children's Workshop**

WAIVER OF LIABILITY AND DISCLAIMER

To induce Lycoming County Historical Society to accept registration and permit participation by the named individual in the Children's Workshop, I/We, the parent/s or guardian/s of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless the Children's Workshop, its officers, directors, teachers, and assistants from any claim arising out of injury to the named individual. I/we assume the risk of all conditions in and about the premises of LCHS and waive any right to specific notice of the existence of such conditions. (Signature of both parents required, when child is not in sole custody of one).

---

(Signature of Parent/Guardian) (Date)

---

(Signature of Parent/Guardian) (Date)

Photographs will be taken of the children for inclusion in the Historical Society's Photo Album. LCHS also may use the photographs for publicity purposes for newspaper articles, brochures, etc. If you do not want your child's/children's photo reproduced for publicity purposes, please indicate on the following form.

-----

**Please choose and sign one of the following:**

The Lycoming County Historical Society **DOES HAVE** my/our permission to use photos taken of my/our child/children for publicity purposes.

---

(Signatures of Parents/Guardians) (Date)

The Lycoming County Historical Society **DOES NOT HAVE** my/our permission to use photos taken of my/our child/children for publicity purposes.

---

(Signatures of Parents/Guardians) (Date)