

***BEAUFORT HISTORICAL ASSOCIATION, INC.***

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e-mail: officemanager@beauforthistoricsite.org  
www.beauforthistoricsite.org

**Registration Form: Summer History Camp 2015**

Please indicate which week(s) the participant will be attending:

\_\_\_\_\_ July 21-23, 2015--9am-12pm  
\_\_\_\_\_ July 28-30, 2015 --9am-12pm

Personal Information

Child's Full Name: .....

Date of Birth: \_\_\_\_\_ Circle One: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Parents/Guardians Email Address: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Drop Off and Pick Up Information

**If your child is to be released to ANYONE OTHER THAN YOU  
PERSONALLY PLEASE NOTE IT HERE**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History

Please complete this form and return it to the Beaufort Historical Association with your registration or on the first day of camp.

Child's Name: .....

Allergies (specify)

- Animals \_\_\_\_\_
- Food \_\_\_\_\_
- Insect stings \_\_\_\_\_
- Medicine/Drugs \_\_\_\_\_
- Plants/Pollen \_\_\_\_\_
- Other \_\_\_\_\_

Please describe any other conditions and/or medical information that may be of concern:

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

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parents Authorization: This health history is correct so far as I know, and the person herein describes has permission to engage in all prescribed activities, except as noted by me. In event I cannot be reached in an emergency, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize and/or secure proper medical treatment for my child as named above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian)

I give my permission for my child's likeness to be used in other photographs or videos for the Beaufort Historical Association.

Signature: \_\_\_\_\_