



# BRANDYWINE BATTLEFIELD

## SUMMER HISTORY CAMP

### 2019 Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in September 2018 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Mother's Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Day Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### **Select a Week (9:00 a.m.-1:00 p.m.)**

*\*Denotes Grades Completed. Child must have at least completed Kindergarten*

____ Week 1	June 24-June 28	Military	Grades 4-6*
____ Week 2	July 8- July 12,	Military	Grades K-3*
____ Week 3	July 15- July 19,	Military	Grades 4-6*
____ Week 4	July 22- July 26,	Military	Grades K-3*
____ Week 5	July 29- Aug. 2	Military	Grades 4-6*
____ Week 6	Aug. 5 - Aug. 9,	Military	Grades K-3*

Weeks selected \_\_\_\_\_

x \$250 = \_\_\_\_\_ Non-members

x \$225 = \_\_\_\_\_ Friends members

TOTAL = \_\_\_\_\_ *\*This already includes \$25.00 NON-REFUNDABLE processing fee.\**

Credit Card: MC / V / Amex / Disc \_\_\_\_\_ Exp \_\_\_\_\_ CVV# \_\_\_\_\_

Circle one

**Checks to be made payable to "BBPA" & mailed to:**

**Brandywine Battlefield SHC ~ P.O. Box 202 ~ Chadds Ford, PA ~ 19317**

**\*Please note check MUST BE INCLUDED with registration form.**

## Emergency Information & Consent

I hereby authorize SHC staff (Brandywine Battlefield) to execute emergency or other medical treatment for my child, \_\_\_\_\_, that may be deemed necessary by attending medical personnel while he/she is attending the Summer History Camp.

*Parent/Guardian signature* \_\_\_\_\_ Date \_\_\_\_\_

Parent home # (\_\_\_\_\_) \_\_\_\_\_ Parent business # (\_\_\_\_\_) \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate contact in case of emergency \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Doctor name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Has your child ever had a bee sting? Y / N - What reaction, if any, did he/she have?

\_\_\_\_\_

Please list any allergies, medications, special needs...

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

**Please select a T-Shirt Size:**

\_\_\_\_\_ Youth \_\_\_\_\_ Adult

\_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL