

**REGISTRATION/RELEASE FORM  
SUMMER CAMP 2017 "HANDS ON HERITAGE"  
BY THE YANCEY HISTORY ASSOCIATION**

Summer Camp is Monday, July 10th to Friday, July 14th, 2017

Time: 9:00am to 12 noon

Cost: \$20 per child.....Paid to Yancey History Association

Ages: 8 years to 12 years

*Each child will need to bring their own lunch. YHA will provide the drinks and snacks.  
(if your child has food allergies, please provide them with a mid-morning snack.)*

A separate form is required for each child registering:

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

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phones: \_\_\_\_\_

E-mail address \_\_\_\_\_

NAMES of PERSONS responsible for picking up child at 12 noon

\_\_\_\_\_

MEDICAL INFORMATION:

Does your child have any allergies or special needs that we should know about?

\_\_\_\_\_

In case of EMERGENCY, who should YHA contact and where?

\_\_\_\_\_

In case of EMERGENCY, YHA is authorized to seek medical attention from emergency services-  
Hospital/Doctor: \_\_\_\_\_

I UNDERSTAND THAT EVERY PRECAUTION WILL BE TAKEN TO SECURE THE SAFETY OF EACH CHILD; HOWEVER, IN CASE OF AN ACCIDENT, I AGREE TO RELEASE THE YANCEY HISTORY ASSOCIATION FROM ANY LIABILITIES.

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

**YANCEY HISTORY ASSOCIATION**

3 Academy Street  
Burnsville, NC, 28714

**PERMISSION TO USE PHOTOGRAPHS**

Date:

Event: **2017 Summer Camp “HANDS ON HERITAGE”**

Location: **At the YHA, CABIN AND RUSH WRAY MUSEUM & GARDENS**

I grant to **The Yancey History Association** the right to take photographs of my child in connection with the above-identified event.

I authorize **The Yancey History Association**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **THE YANCEY HISTORY ASSOCIATION** may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

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

Child's Name: \_\_\_\_\_

Address \_\_\_\_\_

Signature, Parent or Guardian \_\_\_\_\_  
(if under age 18)

**DISALLOWMENT:**

I WILL NOT ALLOW - my child's photograph to be taken for purposes of Publicity, illustration or Advertising of any kind.

Childs Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_