

Clarkson Historical Society ~ PO Box 600 ~ Clarkson NY 14430

*2023 Summer School Camp at the Academy
Registration Sheet*

**Classes begin on Monday August 21st and run through Thursday August 24th
9:00 AM - Noon**

Student Name _____ Age _____

Please check the grade level your child will be entering in the fall. 4th Grade 5th Grade

Contact Information:

Parent Names: _____

Address _____

E-mail _____

Cell Phone numbers/names:

Emergency Contact: Name _____ Phone _____

The Health Form must be filled out for each registrant.

Please feel free to email the Society at clarksonhistorical@gmail.com

Cost per child is \$10.00. Please make checks payable to:

Clarkson Historical Society

PO Box 600

Clarkson, NY 14430

SUMMER CAMP 2023 AT THE ACADEMY
HEALTH FORM

Student Name _____ Age _____

While your child will only be with us for a short time, we would like to have the following information so that we will be prepared for any issues that arise.

Contact Information

Emergency Contact Name _____ Phone _____

MD/ Pediatrician's Name _____ Phone _____

Please list any allergies or special needs.

Is there anything else we should know about your child?

In signing this Health Form I hereby certify that the above information is correct and give my permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness.

Signature of parent or guardian _____

Phone _____ Date _____