



Wethersfield Historical Society “Keeney Kids” Summer History Programs

REGISTRATION FORM

July 24 - 27, 2017

Name (child) _____ Age _____ Grade _____

Address _____ Town _____ Zip _____

Parent(s) _____

Phone (cell) _____ (home) _____ (work) _____ (mom or dad)

Emergency Phone _____ Relationship _____

Medical/Behavioral Needs _____

Dietary Restrictions _____

The child named above has my permission to participate in Wethersfield Historical Society’s activities, including supervised walking tours in and around historic Wethersfield. I further agree I will not hold employees of Wethersfield Historical Society or its agents liable, and will hold them harmless, for any injuries which I and/or my child may encounter, and grant permission to seek and obtain medical or hospital care for my child if deemed necessary by said agents and employees.

Signature _____ Date _____

Please return this completed form to the WHS office, either via email at society@wethersfieldhistory.org, fax to (860) 563-2609 or mail at 150 Main Street, Wethersfield, CT 06109.



Wethersfield Historical Society

Old Academy, 150 Main Street, Wethersfield, CT 06109

Phone: 860 529-7656 www.wethersfieldhistory.org

email: society@wethersfieldhistory.org

Keeney Memorial Cultural Center, 200 Main Street, Wethersfield, CT 06109

Phone: 860 529-7161 email: society@wethersfieldhistory.org

Photograph/Visual Presentation Authorization

I hereby consent to the use of visual taken of me at **Wethersfield Historical Society** or the officers, agents, successors, assigns or licensees of any of those entities, for the purpose of trade or for advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of Wethersfield Historical Society.

I need not inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

Child's Name (printed): _____

Address: _____

Phone: _____

Date: _____

As a parent or guardian of the above person (if under 18 years of age), I consent to the above release and signature thereto and to the use therein set forth.

Parent's /Guardian's Name (printed): _____

Email: _____

Signature: _____

Address: Please check here if address and phone are same as above

Phone: _____

Date: _____