## Warren County Historical Society's

# History Camp for Kids 2023 July 10- 13

Open to students entering 4<sup>th</sup> through 8<sup>th</sup> grades this fall.

# "The HER-story of Pioneering Women of Warren County."

For History Camp's 30th year, campers will learn about the women of Warren County who contributed to the betterment of humanity in the fields of science, art and the humanities,

## **Camp Schedule**

#### **Monday Tuesday** Wednesday Thursday July 10 July 11 July 12 July 13 9:00 AM - 12:00 PM 9:00 AM - 12:00 PM 9:00 AM - 12:00 PM 9:00 AM - 1:00 PM Activities at the Museum Activities at the Museum Activities at the Museum Field Trip and a small fieldtrip

### Camp Registration Fee: WCHS Members \$55, Non-members \$75

Class size is limited. To register, complete and return the form below, along with a registration fee per child, to:

Warren County Historical Society, 105 S. Broadway, Lebanon, OH 45036 513-932-1817 ● WCHSmuseum.org

Child's name		Grade (Fall '23)
Child's name Parent(s) Street address		
Street address		
City	State	Zip
Home or Work Phone  Email Address (for confirmation)	Cell or Emergency Phone	
Email Address (for confirmation)		

# **History Camp for Kids Release Form**

# Please complete ALL highlighted sections and return to:

Warren County Historical Society ~ 105 S. Broadway ~ Lebanon, Ohio 45036-1707 Telephone 513-932-1817 Web site <a href="mailto:harmonmuseumohio.org">harmonmuseumohio.org</a> E-mail <a href="wchs@wchsmuseum.org">wchs@wchsmuseum.org</a>

The group will travel by bus from the Warren C each afternoon. I/We understand that although 6	, parent(s) of given trips with the Warren County Historical Society's History Camp for Kids County History Center in Lebanon to the out-of-town field trip sites, returning every precaution will be taken, the Warren County Historical Society and any accident/injury occurring during the History Camp events or field trips.		
In the Event of a Medical Emergency:			
☐ Please transport to the nearest hospital and ☐ OR: I/We refuse ANY medical Intervention ☐ OR: Contact the following:	d give necessary medical care upon the recommendation of two physicians. on		
Preferred doctor	Phone		
Preferred dentist			
Preferred hospital	Phone		
Please list any medical conditions or allergies			
Medications/inhaler			
	Phone		
	Phone		
Signature	Date		
in depth a vital aspect of our area's vivid past. T presentations and the utilization of the vast reson	oto / Video Release		
photographs and/or video of my child do copyright, use and publish the same in p	Please check one: Eiety (WCHS) its representatives and employees the right to take uring History Camp. I authorize WCHS, its assigns and transferees to brint and/or electronically. I agree that WCHS may use such with or without identification and for any lawful purpose, including for estration, advertising, and Web content.		
☐ I DO NOT grant permission for any use	e of photographs or video of my child.		
Signature Required: I have read and unders	stand the above		