



Clinton Historical Society

History Camp 2022

Information and Registration Packet

August 1-5, 2022, 9 a.m.-12 p.m.

History Camp is a popular summer learning experience for rising third through sixth graders. Under the guidance of social studies teachers, our activities encourage a love for history and promote learning about our community's history. Preference given to students of Clinton Central Schools. **Attendance is limited.**

The cost to attend is **\$25.00** per camper. Scholarships available on request.

History Camp 2022 activities include:

- a tour of the Clinton Fire Department Museum
- a history scavenger hunt at the Old Burying Ground
- a walking tour of the historic Village of Clinton
- a field trip to Chenango Canal Lock 19

Registration: Please complete the 1) registration form and 2) permission slip/medical information form and 3) return with a check or cash payment to Clinton Historical Society, P.O. Box 42, 1 Fountain St., Clinton, NY 13323. **Registration deadline is July 23, 2022.** Forms may also be scanned and emailed to clintonhistoricalsociety1@gmail.com.



History Camp Registration Form

Student Name _____ DOB _____

Address _____

School _____ Grade _____

Parent/Guardian _____

Parent/Guardian Contact Phone Number/s (home, work, cell) _____

T-shirt size (youth sizes XS-XL) _____

CHS membership status:

_____ - Our family belongs to CHS

_____ - We would like to join as a family at the rate of \$17.00; payment enclosed.

Parent/Guardian Signature

_____ **Date** _____

Clinton Historical Society, P.O. Box 42, 1 Fountain St., Clinton, NY 13323 or scan and send to

clintonhistoricalsociety1@gmail.com . Please make payment check or cash. **Deadline: July 23, 2022**



History Camp Field Trip Permission & Medical Authorization Form

Student Name _____ DOB _____

Parent/Guardian _____

Parent/Guardian Contact Phone
Numbers _____

I give permission for the above named child to attend History Camp 2022, August 1-5, from 9am-12pm each day. I also give permission for this child to travel to and from various historic locations in and around Clinton during the time of this History Camp. *I authorize CHS to photograph my child and use said photos for History Camp promotional purposes.*

Parent/Guardian Signature

_____ **Date** _____

Emergency contact (trusted relative or friend if parents/guardian can't be reached):

Name _____

Emergency contact phone
Numbers _____

Medical Information

Allergies (include drug allergies):

Medical Concerns or conditions:

Medications to be administered during History Camp days/times:

In the event I cannot be reached, I authorize the staff of History Camp or appointed chaperone to give permission for medical, dental, health or hospital services if deemed necessary.

Parent/Guardian Signature

Date

Insurance Information:

Insurance

Company

Member & Policy/Group

Number(s)

_____(Initial here _____) **PARENTS/GUARDIANS: Please Note: Camp drop-off and pick-up locations may vary. This information will be shared with you the day before it takes place.**

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