

GEAUGA COUNTY HISTORICAL SOCIETY HALF-PINT CAMP REGISTRATION 2025

JUNE 16 – 18, 2025 10 - 2 PM

AGES 5 – 7 YEARS

COST: \$65 per child

Make check payable to GCHS and mail with registration to:



ATTN: Little "Half-Pint" Camp  
Geauga County Historical Society  
P.O. Box 153  
Burton, OH 44021

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you grant permission for us to photograph your child for use in our publications?  Yes  No

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

EMAIL: \_\_\_\_\_

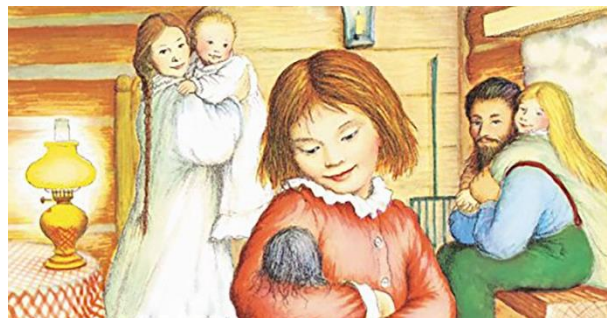
**PLEASE NOTATE IF YOUR CHILD HAS A FRIEND THEY WOULD LIKE TO BE GROUPED WITH.**

**While we cannot 100% guarantee this will happen, we will do our very best to accommodate the request.**

**Membership forms may be mailed in.**

**Scan and Email to [info@geaugahistorical.org](mailto:info@geaugahistorical.org) or dropped at the CVM Office**

**Please complete one form for each child registered**



**PERMISSION FOR MEDICAL TREATMENT AND  
RELEASE OF MEDICAL RECORD INFORMATION**

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For the days of June 16 – 18, 2025, I/We, the parents(s)/legal guardians(s) of the child listed below hereby authorize permission for medical treatment of and release of medical record information concerning our child in the event we cannot be reached in an emergency.

**(Please Print)**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Date of last Tetanus/Diphtheria booster: \_\_\_\_\_

Routine or current medications: \_\_\_\_\_

Significant medical problems/conditions: \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Medical Authorization in effect the week of June 16 - 18, 2025.

Parent/Guardian Signature: \_\_\_\_\_