

Sylvania Historical Village Registration & Emergency Form

Participants Name: _____ Birthday: ____/____/____
month day year

Parent or Guardian: _____ Phone: _____

Address _____

Work Phone: _____ Cell Phone: _____

Other Contact Numbers: _____

In the event I cannot be reached in an emergency, the following is authorized to act on my behalf:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

Allergies: Bee/Wasp/Insect Stings: Foods: Medicines: Plants:

Other:

If you have a child with special needs please let us know one week prior to the day of class.
Please call: 419-882-4865

Is there other information that would be helpful to the adults in charge that you would like us to know? Are there any activities to be encouraged or discouraged?

In the event that reasonable attempts to contact me or my designated person have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary. The health history is complete and accurate.

Signature of Parent or Guardian: _____ Date _____

Please return this form to: The Sylvania Historical Village 5717 North Main St., Sylvania, Ohio 43560

If you have any questions, please call: 419-882-4865 or email: hist.village@sev.org or mcbaker1@bex.net