

2019 Apprenticeship & Jr. Interpreter Program

Fort Western Living History Museum
16 Cony Street, Augusta ME 04330
oldfortwestern.org

Registration Form

Participant's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Phone #: _____ E-Mail _____

Participant's Gender: _____ Participant's Age: _____

Program week preference: please indicate 1st & 2nd choice:

_____ Week 1: August 5, 2018 – August 9, 2018

_____ Week 2: August 12, 2018 – August 16, 2018

_____ Week 3: August 19, 2018 - August 23, 2018

_____ Week 4: August 26, 2018 - August 30, 2018

Behavioral, medical, or other issues of which we should be aware: _____

Apprentice Costuming information:

Participant's Weight: _____ Participant's Height: _____

Participant's Waist Size: _____ Participant's length from waist to shoe top: _____

Apprentice Program Information

Duration Week Long Session, Monday thru Friday

Time: 8:30 a.m.-12:00 p.m.

Location: Old Fort Western

Age: 8 to 12 years old

Cost: \$100 per person

*Please make checks payable to **Old Fort Western Fund** and mail them to Old Fort Western, 16 Cony Street, Augusta, Maine 04330. Payment must be received by 4 p.m. on the Friday prior to the beginning of any program week.*



Old Fort Western

Old Fort Western Fund
16 Cony Street, Augusta, Maine 04330
Tel: (207) 626-2385 / Fax: (207) 626-2304

LIABILITY AND MEDICAL RELEASE FORM

Name: _____ DOB _____ Male ___ Female ___

Parent/Guardian: _____ Telephone: _____

Medical Insurer _____ Subscriber's Name: _____

Policy No. _____

Doctor: _____

Emergency Contact(s): _____

Relationship to Child: _____

Allergies: _____

Current Medications: _____

Date of Last Tetnus Shot: _____

Drug Allergies: _____

I, _____, the parent or guardian of _____
give permission for him/her to participate in the Old Fort Western Apprentice Program.

I hereby authorize the program coordinator, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

I understand that there may be certain risks involved with my son/daughter's participation in the activities of this program. I therefore agree to indemnify, release and hold Old Fort Western, their agents, employees and directors from all lawsuits, claims, damages, losses, injuries and expenses arising out of my son/daughter's participation.

Signature of Parent or Legal Guardian: _____

Date: _____



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PHOTO RELEASE FORM

I give Fort Western permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims for compensation related to use of the materials.

Minor's Name (Please print)

Your Name (Parent or Guardian, Please print)

Your Signature

Date

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). A signature of a parent or guardian is required; signatures of minors are not sufficient. When images are published, Old Fort Western will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Please return the completed form to:
Old Fort Western, 16 Cony Street, Augusta, ME 04330. This form will be kept with the photograph for our records. If you would like a copy of the form and photograph to be sent to you, please fill out the section below. If you have questions, please contact Old Fort Western at 207.626.2385.