



Old Fort Western

Old Fort Western Fund
16 Cony Street, Augusta, Maine 04330
Tel: (207) 626-2385 / Fax: (207) 626-2304
oldfort@oldfortwestern.org
www.oldfortwestern.org

LIABILITY AND MEDICAL RELEASE FORM: 2013

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: _____

2013 Old Fort Western Apprenticeship Program

Old Fort Western
16 Cony Street, Augusta ME 04330
oldfortwestern.org

2013 Registration Form

Participant's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Phone #: _____ E-Mail _____

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

Program Week Preferred, please indicate 1st & 2nd choice:

_____ Week of June 17, 2013 - June 21, 2013	_____ Week of August 5, 2013 - August 9, 2013
_____ Week of June 24, 2013 - June 28, 2013	_____ Week of August 12, 2013 - August 16, 2013
_____ Week of July 8, 2013 - July 12, 2013	_____ Week of August 19, 2013 - August 23, 2013
_____ Week of July 29, 2013 - August 2, 2013	_____ Week of August 26, 2013 - August 30, 2013

(Home Schooled Students)

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

Apprenticeship information for costuming at Old Fort Western:

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 - Friday

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

Location: Old Fort Western

Age: 8 to 12 years old

Cost: \$62.50 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.*