



The Castle

418 Fourth Street
Marietta, Ohio 45750
Phone: 740.373.4180
MariettaCastle.org

HISTORY CAMP REGISTRATION FORM

The Castle's History Camp July 7-11, 2025 9am-3pm

Enrollment in History Camp at The Castle is for students entering the third through sixth grades in the fall of 2025. The registration fee of \$30.00 per day per camper or \$125.00 per week per camper covers the cost of all the materials and field trips.

As part of the registration process, please fill out the Emergency Medical Authorization and the Photo Release Form, which are included. Camp size is limited to 40 campers on a first come first served basis. Early registration is encouraged. **Please return registration papers along with payment by 4pm June 20, 2025 to The Castle.** Field trip permission slips will be sent out at a later date.

Camper's Name: _____

Age: _____ Grade Entering: _____

Name of School: _____

Parent/Guardian Name: _____

Relationship to Camper: _____

Phone: (_____) _____ - _____ (Best to reach you)

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please enroll my camper for the following camp days (\$30 per day or \$125 per week):

____ Monday, July 7

____ Thursday, July 10

____ Tuesday, July 8

____ Friday, July 11

____ Wednesday, July 9

____ **All week, July 7 – 11**

Please make checks payable to: The Castle, 418 Fourth St., Marietta, OH 45750

For more information call The Castle at (740) 373-4180

Office Use Only Date Forms Received: _____
Date Fee Received: _____

In the event of an emergency, The Castle contacts emergency services, and then the primary and secondary contacts listed on this form. This form will be provided to emergency service personnel.

Emergency Medical Authorization

Camper's Name: _____

Primary Emergency Contact Name: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Secondary Emergency Contact Name: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Medical History

Allergies (Food, Pollen, Etc): _____

Food Preferences (Vegetarian, Vegan, Etc.): _____

Medications Being Taken: _____

Tell us a little about your camper:

- My camper uses a wheelchair, crutches, walker or another mobility aid
- My camper might be sensory sensitive
- My camper has vision loss
- My camper is deaf or hard-of-hearing
- My camper has an intellectual disability

Please elaborate on any boxes marked:

Is there anything else you wish for us to know about your camper?

Part I: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor: _____ Phone: (_____) _____ - _____

Dentist: _____ Phone: (_____) _____ - _____

Medical Specialist: _____ Phone: (_____) _____ - _____

Local Hospital: _____ Phone: (_____) _____ - _____

Can we administrator first aid? Yes No

In the event, reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event that the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

Date

Signature of Parent or Guardian

Part II: Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish The Castle authorities to take the following action: _____

Date

Signature of Parent or Guardian

Permission to Use Photograph

Camper Name: _____

- I grant to The Castle, its representatives and employees the right to take photographs of my camper in connection with the above-identified event.

I agree that The Castle may use such photographs of my camper with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content, and social media.

- I do NOT grant to The Castle, its representatives and employees the right to take photographs of my camper in connection with the above-identified event.

I have read and understand the above:

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Date: _____

Phone Number: _____

Refund & Cancellation Policy

For a full refund, cancellations must occur 2 weeks in advance - June 23 at the latest.

Refunds after the 2 week deadline can not be guaranteed, but will be considered based on the ability to fill a camper's vacancy. Please notify the museum of a camper's inability to attend as early as possible.

Refunds can not be provided to campers who miss either full or partial days of camp, once camp has started.

By submitting this registration form, you agree to this policy.

Financial Assistance Application for The Castle's History Camp
July 7 – 11, 2025

The cost of a week of History Camp at The Castle is \$125 per camper. A limited number of partial scholarships are available to students of Marietta City Schools who are unable to pay for the full camp tuition. Approved scholarship applications will be expected to pay \$25, nonrefundable to The Castle. The remaining cost will be covered through financial assistance. The following information needs to be provided to apply and this form must be signed by the camper's school principal. This form must be received by The Castle by 4pm Friday, May 9.

Information from Parent/Guardian

Camper's Name: _____

Age: _____ **Grade Entering in Fall 2025:** _____

Name of School: _____

Parent/Guardian Name: _____

Relationship to Camper: _____

Phone: (_____) _____ - _____ **(Best to reach you)**

Email Address: _____

Please tell us why this camper would benefit from this scholarship: _____

Yes No Are transportation issues an obstacle that may prevent daily attendance?

Parent/Guardian Signature

Date

Recommendation from School Principal

Due to this family's economic situation, I recommend this student for a scholarship.

Rate this student's attitude and behavior Great Good Challenging Disruptive

Rate this student's school attendance Great Occasionally absent Many absences

Principal's Signature

Date

Email Address

Phone

Please return this application by **Friday, May 9** to: The Castle 418 Fourth Street Marietta, OH 45750

Please keep this as your copy of History Camp Guidelines.

History Camp Guidelines

Be on time every day! History Camp is designed to begin and end at given times in order to fit many fun-filled experiences into each day.

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Each camper must be signed-in and signed-out by a parent/guardian. If the person dropping off and picking up the camper isn't the same person, a written note must be given to The Castle staff beforehand.

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Pack a nutritious and tasty lunch. The Castle will provide water and nutritious snacks. Please be sure your lunch DOES NOT need refrigeration.

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The Castle is not responsible for any lost, stolen, or damaged items during History Camp. Please refrain from bringing valuables (gaming devices, apple watches, jewelry, etc.) to camp.

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If your camper brings a cell phone, it is required to be silenced and not used during the times of camp, except for emergency contacting.

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Dress comfortably and sensibly. Older clothes are best. Some activities could potentially dirty or stain clothes. Remember sunscreen and hats. No flip-flops or open-toed shoes. We will be doing outside activities as much as possible.

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Every effort has been made to make camp enjoyable and educational for all. Should a participant's behavior interfere with others, the parent/guardian will be called to pick up the camper.