

Fort Klock Young Pioneer Program Application
August 6-8, 2024

Child's name _____ Age _____ Grade entering in Fall _____

Parent or Legal Guardian _____

Address _____

Phone number _____ (Home) _____ (Cell)

Email Address _____

Please list any allergies, medical problems or medical conditions we should be aware of:

Child's Physician: Name, number, and address _____

Hospital of choice _____

Emergency Contact & Phone # _____

Authorization for Medical Treatment

I, _____ as a parent or legal guardian authorize my child

_____, to participate in the Fort Klock Young Pioneer Program held August 8-10, 2023. This program will include the use of equipment, facilities, and necessary preparatory activities. In the event of the need for medical attention, I authorize Fort Klock Historic Restoration's staff to call an ambulance or take my child to a doctor or hospital for treatment if necessary.

Authorization for Photos

I, _____, as a parent or legal guardian give permission for my child's photo to be taken for local newspapers as well as Fort Klock Historic Restoration's use in promoting the Young Pioneer Program and Fort Klock.

Signature of Parent or Legal Guardian _____

Date _____

The fee for \$35 for non-members, \$25 for Active Members. Please make checks payable to Fort Klock Historic Restoration. Scholarships available.

Mail this application, along with payment to:

Fort Klock Historic Restoration
PO Box 42
St. Johnsville, NY 13452

For more information call 518-568-7779, email fortklock@gmail.com or find us on Facebook.