

**Fort Klock Young Pioneer Program Application 2025**  
**August 5, 6, & 7, 2025**

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 5-7, 2025. 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 \_\_\_\_\_

**Fee Structure:**

• **Non-Members:**

- \$50 for one child
- \$45 per child for two children
- \$40 per child for three or more children

• **Active Members:**

- \$35 per child

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](mailto:fortklock@gmail.com) or find us on Facebook.