



# TIME TRAVELERS

## 2024 Summer Youth Workshops

For children entering grades 3, 4, 5 in Fall 2024

Centerville-Washington History Time Travelers is a fun-filled way to experience early life in Centerville-Washington Township!

**All Workshops are 9 AM—Noon**

**at the Asahel Wright House**

**26 N. Main Street • Centerville**

Workshop/materials fee is \$45 per workshop.

Pre-packaged snack and water bottle will be provided.

Centerville-Washington History members' children/grandchildren receive a \$5 discount

### Old Tyme Woodworking

*Tuesday, June 25*

Build a wooden birdhouse using old time woodworking tools from the 1800's. Children will also learn how to identify local birds.

### A Summer Day of Work and Play

*Wednesday, June 26*

In the early 1800's, families came to Ohio ready to work. Try your hand at churning butter, using a washboard and making tin lanterns.

### School Days the Old Time Way

*Thursday, June 27*

Experience a one-room schoolhouse (c.1890) using slates, writing with ink quill pens and playing recess games.

### Prairie Pastimes

*Friday, June 28*

Make crafts from the past. Children will make a doll and yarn crafts to take home as well as explore recreation and games of the early pioneers.

For More Information Contact: Carrie Burns at [carriecwh@sbcglobal.net](mailto:carriecwh@sbcglobal.net) or at (937) 291-2223



## REGISTRATION FORM

Student Name \_\_\_\_\_ Grade in Fall 2024:  3 4 5

Parent Name(s) \_\_\_\_\_ Parent phone \_\_\_\_\_

E-mail \_\_\_\_\_ CWH current member (if applicable) \_\_\_\_\_  
 ( \_\_\_ parent or \_\_\_ grandparent)

PLEASE LIST ANY ALLERGIES : \_\_\_\_\_

**Indicate workshop choice(s) below:**

- June 25 Old Tyme Woodworking \_\_\_\_\_
- June 26 A Summer Day of Work and Play \_\_\_\_\_
- June 27 School Days the Old Time Way \_\_\_\_\_
- June 28 Prairie Pastimes \_\_\_\_\_

Total Non-member Workshops  
 \_\_\_\_\_ x \$45 = \_\_\_\_\_  
 OR  
 Total Member Workshops  
 \_\_\_\_\_ x \$40 = \_\_\_\_\_

**Mail/Return Registration, signed releases, Emergency Medical Form and Fee  
 (check payable to Centerville-Washington History) to :**

**Asahel Wright House  
 Attn: Education Coordinator  
 26 N. Main St.  
 Centerville, Ohio 45459**

### LIABILITY RELEASE FORM

I agree that my child, \_\_\_\_\_, has my permission to participate in the Time Travelers Summer Workshop(s). I understand that my child will be using various tools (wood working tools, cooking implements, gardening tools, crafting tools, etc.) from the 1800's, or modern implements when required during the course of the workshop(s). I release Centerville-Washington History from claims for costs or liability arising from the use of these tools and/or their participation in the Time Travelers Summer Workshop(s).

\_\_\_\_\_  
 Name of Parent or Guardian                          Signature    Date

### PHOTOGRAPHIC RELEASE FORM

I hereby grant permission to Centerville-Washington History (CWH) the irrevocable and unrestricted right to use photographs and/or video taken during the Time Travelers Summer Youth Workshop(s) in publications, news releases, online social media, quarterly newsletter, and in other communications and/or historical archive related to the mission of Centerville-Washington History. I release CWH and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant CWH permission to use the statements of my child, myself or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity. I waive my right, my child's rights and my family's rights to any and all compensation stemming from the use of these materials.

\_\_\_\_\_  
 Student's Name    Name of Parent or Guardian    Date

# EMERGENCY MEDICAL AUTHORIZATION FORM

Centerville-Washington History

Asahel Wright House, 26 North Main St., Centerville, OH 45459

## Student Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Residential Parent or Guardian

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Emergency Contacts if Parent or Guardian cannot be reached:

1. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Medical Information (must be completed)

\_\_\_\_\_ No medical conditions \_\_\_\_\_ No allergies \_\_\_\_\_ Medication allergy: \_\_\_\_\_

Allergies (including food, bee stings, seasonal, etc) AND treatment:

\_\_\_\_\_

Medications: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

### To Grant Consent:

I hereby give consent for the above medical care providers or hospital to be called in the event reasonable attempts to contact me have been unsuccessful. I hereby give consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian

Date

### 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 for Centerville-Washington History to take the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian

Date