BAY VILLAGE HISTORICAL SOCIETY
PIONEER DAYS PROGRAM
July 21-25, 2025

PARENT AUTHORIZATION FORM

CHILD NAME:Boone Wittman

PARENT/GUARDIAN NAME: Erin wittman

- By signing this form, I, the parent/legal guardian of the child listed above, give permission for my child to take part in the activities provided by the Bay Village Historical Society's Pioneer Days Program, to take place July 21-25, 2025, from 9 a.m. to 12 p.m. on the properties of the Bay Village Police Department and Cahoon Memorial Park.

I acknowledge that drop-off and pick-up will be at the Bay Village Police Department each day, and that the children will be walking to the Historical Society's buildings in Cahoon Memorial Park during the program.

For the week of July 21-25, 2025, I hereby authorize permission for medical treatment of and release of medical record information concerning my child in the event I cannot be reached in an emergency.

PHOTO RELEASE STATEMENT
Do you grant permission for photographs taken of your child during the event to be stored by the Bay Village Historical Society for posterity and use in the Society's promotional materials in the future? (Circle one)

YES **NO**

Parent/Guardian Signature Erin Wittman_____

Date 7/20/25_____7/14/2025

PLEASE PRINT & MAIL THIS FORM TO THE BAY VILLAGE HISTORICAL SOCIETY.
If paying by check ($85 payable to Bay Village Historical Society), please include it with your form.

MAILING ADDRESS:
Attn: Pioneer Days
293 Glen Park Dr.
Bay Village, OH 44140

Your registration is NOT complete until this authorization form and payment are received.

CANCELLATION POLICY*: Cancellations will ONLY be refunded if the child's spot can be filled from the program's waitlist. Any refunds will be subject to a $10 cancellation fee.*