



CRITTER CAMP 2012

Summer

Application Form

Please note: In order for your child's application to be processed, all fields must be completed along with your full payment (check, cash or credit card) \$250.00. Which should be mailed to: Valley Humane Society, Critter Camp, 3670 Nevada St, Pleasanton, CA 94566. Applications are received on a first-come, first-serve basis. It is recommended to apply in person to guarantee a spot.

Registration opens February 10th.

Please circle the camp dates you wish to attend:

June 18-22 (ages 8-10) June 25-29 (ages 10-12) July 23-27 (10-12)

***July 30 – August 3 (ages 11-14) *Must be previous camper. Time 1-5pm**

August 13-17 (ages 8-10) August 20-24 (ages 8-10)

Cost \$250.00 Per camp session. Time 10-2 (Bring a bag lunch)

Camper's Information

First name: _____ Last Name: _____

Age: _____ Gender: M F DOB: _____

Primary Address: _____

City _____ State _____ Zip Code _____

Primary Phone number: (____) _____

Are you signing up with a Friend/sibling? Y / N

If YES, please write first and last name of friend/sibling: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship _____

Primary Address: _____

City _____ State _____ Zip Code _____

Home phone: (____) _____ Cell phone: (____) _____

Email address: _____

Authorized persons other than Parents to whom Child may be Released ; only

Parent/Guardians whose name is on this registration form, or representatives you authorize (below), may pick up or drop off your child at Valley Humane Society. They will be asked to sign your child in and/or out and provide a valid Driver’s License.

Name: _____ DL # _____ Primary phone# _____

Name: _____ DL # _____ Primary phone# _____

Name: _____ DL # _____ Primary phone# _____

Emergency Contact Name (other than parents/guardians): _____

Relationship: _____ Primary phone: (____) _____

Camper’s Health History

Physician’s Name: _____ Phone number _____

Health Insurance _____ Policy/Group #: _____

Dentist’s Name: _____ Phone number _____

Hospital Preference _____

Current Medications: _____

List of all allergies: _____

Additional Health Concerns _____

Cancellation Policy

You must call Valley Humane Society within four weeks of your camp date in order to receive a refund. No refunds will be issued four weeks or less prior to the first day of your scheduled camp session.

**Applications are received on a first-come, first-serve basis.
You will be notified by e-mail.**

In consideration of permission granted my child by Valley Humane Society to participate in Critter Camp, as a camper, I release and discharge Valley Humane Society, on my own behalf and on behalf of my child from all claims, demands, actions, judgments, and executions which the undersigned ever had or now has, or may have in the future, or which the undersigned heirs(including but not limited to my child), executors, administrators or assigns may have, or claim to have, or have in the future, against Valley Humane Society, its successors or assigns for all personal injuries, negligence claims, emotional distress and claims for damages, known or unknown, as well as injuries to property, real or personal, caused by or arising out of the above-described Critter Camp. I understand that my child will be in contact with cats and dogs and other farm animals during Critter Camp, and I understand the risks associated with contact with such animals, including but not limited to bites, scratches, diseases and possible parasites. This waiver, release of liability, and assumption of risk agreement is executed without any reliance upon any representation by any person or Valley Humane Society, and I have carefully read and understand the contents of this agreement, and I execute the same as my own free act. I understand fully the significance of this agreement. I understand that by signing this agreement, I am waiving on my own behalf, and on behalf of my child, any potential claims against Valley Humane Society arising out of the Critter Camp event.

In the event I cannot be reached for an emergency, I hereby give permission to the medical personnel selected by Valley Humane Society staff and/or emergency personnel to order any necessary treatment and transportation for my child. I agree to be financially responsible for all such medical treatment and any incurred expense related to such medical treatment.

Date: _____

Parent or Guardian

PHOTO RELEASE

I, the undersigned parent or guardian of _____, hereby agree that the photographs and/or video images taken of my child during Critter Camp may be used by Valley Humane Society for publicity, education, fundraising or marketing purposes. I understand that I will not receive any monetary compensation for the use of said photograph(s) and/or video footage to be used in print or on the Valley Humane Society website.

Date: _____

Parent or Guardian