

KIDS & CRITTERS CAMP
Longmont Humane Society – 2018 Application Form

APPLICATION PROCESS AND REQUIREMENTS: Camp is for children ages 7-12. Please complete this application form, including health history, waiver, & release/consent form **for each child that you wish to enroll.** All forms must be filled out, signed, and returned to LHS **with full payment.** Mail or deliver application packet to: Longmont Humane Society / Attn: Tegan Waters – Humane Education Coordinator / 9595 Nelson Road / Longmont, CO 80501. All applications will be confirmed via email within 7 days of receipt.

CAMPER INFORMATION

Camper's Last Name: _____ Camper's First Name: _____

Preferred Name/Nickname: _____ Age as of 1 June 2018: _____

Date of Birth: _____ Gender: _____

Parent/Guardian's Last Name: _____ Parent/Guardian's First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: _____

Work Phone #: _____ Cell #: _____ E-Mail: _____

Please list the names of any parent(s), guardian(s) and friend(s) who have permission to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

ENROLLMENT INFORMATION

Each session is three days (Mon/Tues/Weds) from **8:30am to 12:30pm.**

Please indicate **which session** your child will be attending: _____

In the event that your first choice is filled, please indicate a **second choice:** _____

Kids & Critters Camp 2018 Dates	
Session #	Dates
Session 1	June 4, 5, 6
Session 2	June 11, 12, 13
Session 3	June 18, 19, 20
Session 4	June 25, 26, 27

PAYMENT

Full payment is required to reserve your space. Cost for camp is \$160 per session.

Payment method: (Circle One) MasterCard / Visa / Check # _____ / Cash

(Make check payable to Longmont Humane Society and put Camper's first and last name and session number in the memo section. Mail or drop off; attn: Tegan Waters – Humane Ed Coordinator)

Staff Only:	
Cash Amount _____	
Date _____	Initials _____
Check Amount _____	
Check Number _____	
Date _____	Initials _____
Credit Amount _____	
Date _____	Initials _____

Credit Card #: _____ CVV Code: _____ Expiration Date: _____

Cardholder First and Last Name: _____

Cardholder Address (including zip code): _____

Cardholder Signature: _____ Date: _____

Cancellation Policy: Cancellations must be made via email or phone **ONE WEEK** before the first day of camp in order to receive a refund. **After this date there will be no refunds.**

KIDS & CRITTERS CAMP
2018 Health History Record

We take every precaution to make each program as safe as possible. Should an accident happen, it is important that we have the appropriate information to help your child. **Please Note: Allergies to animals cannot be accommodated.**

Child's Name: _____ **Birthday:** _____
Last First

Name of Parent/Guardian: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Name of Parent/Guardian: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Name of Family Physician: _____ **Phone:** _____

Family medical/hospital insurance carrier: _____ **Policy/Group #:** _____

Date of last health examination: _____

Is there any health history of which we need to be aware? _____

List any allergies to food, medication or other: _____

Is your child taking any medications? List medications & purpose.

Will medications need to be administered during camp? _____

Please let us know if your child will require any special accommodations or if there are any situations of which we should be aware, such as: recent loss of a companion animal, difficulty reading/writing, extreme shyness, overactive bladder, medical condition, fears, anger management issues, or attention deficit. Please explain:

Emergency Contact (Other than parent(s) listed above):

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

I know of no reason(s) why my child should not participate in the Longmont Humane Society's Kids & Critters Camp.

Signature of Parent/Guardian: _____ **Date:** _____

KIDS & CRITTERS CAMP
2018 Waiver & Release of Liability Authorization

I understand that if, in the judgment and sole discretion of the Humane Education Coordinator, my child is unable or unwilling to follow the guidelines for safe animal interaction or, if my child's conduct is endangering or could endanger animals, staff, campers, volunteers, employees, or the Longmont Humane Society patrons, then my child will be asked to leave and I will be notified. Under these circumstances, no refunds will be made. I have explained these guidelines to my child and my child understands these guidelines and the behavior expected.

Print Parent's Name

Parent Signature

Date

On behalf of: _____ Please Circle One (son/daughter), Minor
(Camper's full name)

I acknowledge and understand that Longmont Humane Society (LHS) does not know the complete history of the animals at LHS and the animals' behavior may be unpredictable. I release and discharge LHS from any and all responsibility for any injuries that my child may receive as a result of being at LHS, including, but not limited to, bites and scratches. On behalf of my child, I hereby release, discharge, indemnify and hold harmless LHS, its officers, directors, agents, servants, insurers, and employees (collectively, the LHS Parties) from any and all claims present and future and rights to compensation that may arise from or relate to (1) any act or omission of LHS Parties (other than intentional misconduct) and (2) any damage, loss, illness, injury or death (including animal bites and scratches) sustained by my child during, in connection with or arising from, my child's participation in the Kids & Critters Camp. I intentionally and knowingly waive any and all such claims that I may have against such persons and I reserve only and do not waive or release claims for intentional misconduct. This Release will be binding and enforceable against me, my child and our personal representatives, successors and assigns with respect to my child's participation in the Kids & Critters Camp.

I AM THE PARENT OR LEGAL GUARDIAN of the participant named above. I am of legal age and am freely signing this agreement on behalf of the participant. I HEREBY CERTIFY THAT I HAVE READ, CONSENT AND AGREE TO THE FOREGOING WAIVER OF LIABILITY AUTHORIZATION AND CONSENT AND SIGN IT VOLUNTARILY.

Print Parent/Guardian's Name

Parent/Guardian Signature

Date

Consent to Participate: Kids & Critters Camp 2018

All Campers: Activities at Kids & Critters Camp include visiting with cats that may have colds. Although the upper respiratory infections that many of these cats have is not life threatening, it is contagious to other cats, yet harmless to all others. Campers will wash hands after visiting with these cats. The risk of spread to your cats at home is minimal. Please indicate your preference:
My child is (circle one) permitted not permitted to visit with the cats with colds. _____ **Parent's initials**

All Campers: PHOTO RELEASE: On behalf of my child, his/her heirs, personal representatives and executors, I agree that LHS may use any photographs, videos, or other images taken at Camp for use in public relations efforts with the full understanding that no compensation or other payment of any kind will be paid to participant or to any other person for any of the agreements contained herein.
_____ **Parent's initials**

All Campers: I will have my child at Kids & Critters Camp at 8:30am each morning and pick him/her up at 12:30pm every day. Due to the nature of business of LHS, I understand there is no supervision for campers after 12:30pm. I understand that there will be a charge of \$1/minute for every minute that I am late. If there is anyone that should NOT pick up my child after camp, I will inform the Humane Education Coordinator in writing. _____ **Parent's initials**

All Campers: Activities at Kids & Critters Camp may include visiting the Well Pet Clinic, where surgeries and other medical procedures may be occurring. Campers may be invited to observe these procedures in an educational capacity. Campers will participate only if they wish to and if you initial permission to do so below. Please know that if you sign your permission and your child declines to observe, your child's preference will be honored.
My child is (circle one) permitted not permitted to observe Well Pet Clinic procedures. _____ **Parent's initials**