



FOR OFFICE USE ONLY
App. Date: _____
Pymt Date: _____
Conf. Date: _____

Critter Camp Application

Thank you for choosing Critter Camp. Get ready for a hands-on humane adventure you'll never forget!

To enroll in person or by mail: Print and deliver completed application with payment to:
Valley Humane Society, ATTN: Humane Education, 3670 Nevada Street, Pleasanton, CA 94566

Applications will be processed in the order received. Only applications accompanied by full payment will be processed. Registration confirmation will be provided by email. Please contact etaylor@valleyhumane.org or call (925) 426-8656, x 16 for more information, assistance, or if confirmation of your registration is not received within seven (7) days of submission.

Session Information

Please select the camp(s) for which your child is registering. Camp fees are \$300 per child, per week.

Paw Partners, ages 7-9

- June 19-23, 10 am - 2 pm
- June 26-30, 10 am - 2 pm

Animal Allies, ages 10-12

- June 5-9, 10 am - 2 pm
- June 12-16, 10 am - 2 pm

Humane Heroes, ages 13-15

- July 10-14, 10 am - 2 pm
- July 17-21, 10 am - 2 pm

Camper Information

First Name: _____ Last Name: _____

Age: _____ DOB: ___ / ___ / ___ Gender: M F Other Primary Contact Number: (____) ____-_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I am signing up with my friend/sibling. Please provide full name of co-registrant: _____

Are you a returning camper? Y N

If not, how did you hear about Critter Camp?

- VHS Website Pleasanton Weekly VHS Email Farmers Market
- School Postcard Brochure Attended Workshop Attended Birthday
- Other Ad: _____ Other: _____ Kindness Club Friend/Family Member

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Camper: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____-_____ Cell Phone: (____) ____-_____ Work Phone: (____) ____-_____

Email Address: _____

Alternate Custody Release

Children will not be released to any parent or guardian unless listed above or expressly permitted in this section. Alternates may be required to show a valid driver's license and to sign the child in and out of camp.

First Name: _____ Last Name: _____ Driver's License #: _____

Primary Contact Number: (____) ____-_____ Relationship to Camper: _____

First Name: _____ Last Name: _____ Driver's License #: _____

Primary Contact Number: (____) ____-_____ Relationship to Camper: _____

Emergency Contact Information (in case we are unable to reach you; NOT guardian(s) listed previously)

Name: _____ Primary Contact Number: (____) ____ - _____

Relationship to Camper: _____ Alternate Contact Number: (____) ____ - _____

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: _____

Other Concerns/Disclosures: _____

Cancellation Policy

Cancellations must be received and confirmed a minimum of four weeks prior to the first day of the registered camp session in order to receive a refund.

Liability Waiver/Medical Release/Photo Release

In consideration of permission granted by Valley Humane Society to my child to participate as a camper in Critter Camp, 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.

Please read and check boxes below:

- 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.
- (optional) I hereby agree that any 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 images.

Signature of Parent or Guardian: _____ Date: _____