



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

Kindness Club/Kindness Club Jr. Program Application

Please complete all fields and submit with payment (\$100 per Session for Kindness Club, \$70 per Session for Kindness Club Jr.) in order for your application to be processed. Sessions are four meetings long, on assigned Thursdays or Fridays at VHS. Applications are accepted on a first-come, first-served basis. Enrollment is confirmed by email.

See website for Session dates. Desired Session start date: _____

Please complete the information below. PRINT CLEARLY

Application date: _____

YOUTH CONTACT INFORMATION

First Name: _____ Last Name: _____

DOB: ____/____/____ Age: _____ Home Phone Number: _____

Home Address: _____ City/Zip: _____

Have you participated in any VHS activity before? Y N If so, what activity? _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Relationship to student: _____

Home Address: _____ City/Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____@_____

ALTERNATE RELEASE/ACCOMPANYMENT AUTHORIZATION

Persons **other than parent/guardian above** who may pick up or drop off (accompany, for Kindness Club Jr.) your child. Please note, alternates will be asked to sign your child in and/or out, and may be asked to provide a valid driver's license. List additional alternates on back of form.

Name: _____ DL#: _____

Relationship to student: _____ Primary Phone: _____

Name: _____ DL#: _____

Relationship to student: _____ Primary Phone: _____

EMERGENCY CONTACT (required for BOTH Clubs)

In the event we are **unable to reach parents/guardians** in an emergency, whom should we notify? (For Kindness Club Jr., please fill out in case of emergency involving accompanying parent.)

First Name: _____ Last Name: _____

Relationship to student: _____ Primary Phone: _____

HEALTH HISTORY

Physician's Name: _____ Phone Number: _____

Health Insurance: _____ Policy/Group #: _____

Dentist's Name: _____ Phone Number: _____

Hospital Preference: _____

Current Medications (in case of hospitalization): _____

List of Allergies: _____

Additional Health Concerns: _____

Is there anything else you would like us to know about your child? _____

LIABILITY WAIVER/MEDICAL WAIVER/PHOTO RELEASE

In consideration of permission granted my child by Valley Humane Society to participate as a Kindness Clubs member, as so, 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 Humane Education program. I understand that my child will be in contact with cats and dogs and other farm animals while at VHS, 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 Humane Education Program.
- 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.
- I hereby agree that any photographs and/or video images taken of my child during Humane Education activities 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. *(Optional)*

Signature of Parent or Guardian

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

Please return completed form with payment to: Valley Humane Society, Humane Education Department, 3670 Nevada Street, Pleasanton, CA 94566. Or submit via email to Laura Van Wagner at: LVanwagner@valleyhumane.org

CANCELLATION POLICY

Valley Humane Society must be notified a minimum of four weeks prior to the first day of your session in order to issue a refund.