



FOR OFFICE USE ONLY

Rec'd Date: _____

Conf. Date: _____

Pymt Date: _____

Critter Camp Application

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

TO ENROLL: Print and submit completed application without payment to:
Valley Humane Society, ATTN: Critter Camp, 3670 Nevada Street, Pleasanton, CA 94566

Applications will be processed in the order received. Upon acceptance, students will receive a confirmation email.

Payment must be received within 7 days of confirmation to finalize registration.

Please contact Humane Education Coordinator Laura Van Wagner at lvnwagner@valleyhumane.org
or (925) 426-8656 for additional information, session availability.

Session Information

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

Paw Partners, Ages 6-8

- June 10-14, 10 am to 2 pm
- June 17-21, 10 am to 2 pm

Animal Allies, Ages 9-11

- June 24-28, 10 am to 2 pm
- July 8-12, 10 am to 2 pm

Humane Heroes, Ages 12-15

- July 15-19, 10 am to 2 pm
- July 22-26, 10 am to 2 pm

PLEASE DO NOT SUBMIT PAYMENT WITH APPLICATION.

Camper Information

First Name: _____ Last Name: _____

Age: _____ DOB: ___ / ___ / ___ T-shirt Size: XS S M L 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? Pleasanton Weekly Your Town Monthly Postcard

Other Newspaper VHS Website VHS Email Career Fair The Independent School

Friend/Family Member At Kindness Club At Birthday Party At a VHS Workshop

Other Online Source Other: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Camper: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Emergency Contact Information (other than parent/guardian listed above)

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

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

Alternate Custody Release

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

Alternate 1—First Name: _____ Last Name: _____

Driver's License #: _____ Primary Contact Number: (____) ____ - _____

Relationship to Camper: _____

Alternate 2—First Name: _____ Last Name: _____

Driver's License #: _____ Primary Contact Number: (____) ____ - _____

Relationship to Camper: _____

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 CHECK THE 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 in 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: _____