



Kauai Humane Society

Critter Camp Registration Form

Critter Camp hours: 9 am- 3 pm for the Fall Break and Winter Break camps

Check off which session your child will be attending

<u>Dates for Critter Camps</u>	<u>Age Groups</u>
_____ October 7th-11th	10-12 years old
_____ Dec. 23, 26, & 27 *	7-9 years old

Child's Name: _____ Age: _____

School: _____ Date of Birth: _____ Boy ___ Girl ___

Special Needs: _____

Parents/Legal Guardian: _____

Address: _____

Home Phone: _____ Work or Cellular Phone: _____

E-mail address: _____

Payment Information: Now you may register for one day, several days or the entire session of Critter Camp. The fee per day is \$34.00. \$ 10.00/a day for 8 am drop off; \$10.00 a day for 4 pm late pick-up. * For the entire session, October Critter Camp is \$170; and December Critter Camp is \$102 for three days.

Total Enclosed: _____

Please make your check payable to Kauai Humane Society or you may pay by Visa or MasterCard by giving us your number.

Credit Card Number _____ Expiration Date: _____

Cardholder's Signature: _____ Security code: _____ Date: _____.

Kauai Humane Society P.O. Box 3330 Lihue HI 96766.

Email: Faye@Kauaihumane.org or 632-0610 ext. 103. Mahalo for your support.

Kauai Humane Society Critter Camp Waiver and Release of Liability

I, _____, the Parent/Legal Guardian of _____, understand the nature of the activities that my child will be participating on the date(s) _____ at the Kauai Humane Society Critter Camp. I also understand the nature of domestic shelter animals and that their behavior is sometimes unpredictable which can give rise to risks such as personal injury or infection. Knowing this, I, and anyone who might claim on my behalf, release the Kauai Humane Society, Officers, Directors, Staff, Volunteers and all others affiliated with the Humane Society from any and all claims and liability of any kind arising out of personal injury and property damage of any kind resulting from my child's participation in activities during Critter Camp.

In the event that my child requires medical attention, I authorize the Kauai Humane Society to seek proper medical help at my cost.

I am also aware that allergies exist. I have listed below all of my child's known allergies, all of my child's physical limitations and any special needs that my child might have. In addition, I have no knowledge of any medical condition that would prevent my child from participating in the activities at Critter Camp.

Any known allergies:

Any physical limitations or other needs:

Physician's name, phone number and address:

Emergency contact name and phone number: (please list two):

Parent/legal guardian name:

Address: _____

Other individuals authorized to pick up my child are:

My signature: _____

Date: _____

Dear Parents or Guardian:

During your child's participation in Critter Camp, Kauai Humane Society staff may photograph your child for use in marketing and promotional materials for the Humane Society and its' programs. These photographs or videos of your child are the property of the Kauai Humane Society and may be used in any appropriate matter we may choose.

Your child will be participating in a special art project during Critter Camp; the artwork from this project will also become the property of the Kauai Humane Society. This includes, but is not limited to, the use in promoting future Critter Camps, newsletters or other forms of marketing.

Media Release for Minors Critter Camp

I, _____ being Parent/Guardian of _____
_____ understand and agree that the Kauai Humane Society may use my child's name, videos and photographs in which my child appears, and/or audio recording made of my child's voice for publicity or promotional purposes for the Kauai Humane Society without any liability or obligation to me or my child. All photographs and video/audio recordings are the property of the Kauai Humane Society. I also understand that the special art project that my child will participate in at Critter Camp is also the property of the Kauai Humane Society.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____