



# SUMMER CAMP 2012

**Registration begins**  
**March 1, 2012**



**HUMANE SOCIETY**  
**OF CHARLES COUNTY**

**Return forms to:**

PO Box 1015  
Waldorf, Maryland 20604

**Or stop in and see us at:**

71 Industrial Park Drive  
Waldorf, MD 20602

<u>Session 1A</u> \$80.00	June 25-June 29	Ages 3-5	9am-12pm	Down on the Farm
<u>Session 1B</u> \$80.00	June 25-June 29	Ages 6-9	9am-12pm	What's Buggin' You (an outdoors camp)
<u>Session 2</u> \$100.00	July 9-July 13	Ages 5-7	9am-1pm	Pets on Parade
<u>Session 3</u> \$100.00	July 16-July 20	Ages 5-7	9am-1pm	Animals Around the World
<u>Session 4</u> \$100.00	July 23-July 27	Ages 8-10	9am-1pm	Dog Days of Summer
<u>Session 5</u> \$100.00	July 30-August 3	Ages 8-10	9am-1pm	Pet Smarts
<u>Session 6</u> \$100.00	August 6-August 10	Ages 11-13	9am-1pm	Awesome Animal Allies

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

☐ Please add me to your mailing list

First Come First Served

Space is limited

Discounts available upon

Payment Information:

☐ Check payable to HSCC

☐ Cash

☐ Credit Card # \_\_\_\_\_

Billing Address \_\_\_\_\_

Zip \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

request

No. of weeks of camp \_\_\_\_\_

x \$100 \_\_\_\_\_

+ Scholarship donation \_\_\_\_\_

Sub Total = \_\_\_\_\_

Less

Financial Aid Discount \_\_\_\_\_

Volunteer Discount \_\_\_\_\_

Large Family Discount \_\_\_\_\_

Total Due by June 1<sup>st</sup> \_\_\_\_\_

For more information please call Stacy Cage  
at 301-645-1063 or email [scage@humanesocietycc.org](mailto:scage@humanesocietycc.org)

Person to call if parents(s) cannot be reached (please print clearly):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Health History**

**Please check any that apply and describe symptoms of allergy and details of illness or health restrictions on additional sheet.**

#### ALLERGIES

\_\_\_ Hay Fever

\_\_\_ Drug (specify) \_\_\_\_\_

\_\_\_ Insect Stings

\_\_\_ Asthma

\_\_\_ Ivy, Oak

\_\_\_ Food (specify) \_\_\_\_\_

\_\_\_ Animals (specify) \_\_\_\_\_

#### CHRONIC OR RECURRING ILLNESS

\_\_\_ Ear Infection

\_\_\_ Hear Disease

\_\_\_ Convulsions

\_\_\_ Diabetes

\_\_\_ Behavior

\_\_\_ Fainting

\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus      \_\_\_\_\_ Date of operations of serious injury      \_\_\_\_\_ Date of illnesses or health restrictions

Does camper attend a Maryland Public School? Yes \_\_\_ No \_\_\_ If the answer is no, please attach immunization record.

Does camper have any exemptions to required immunizations? Yes/No

If yes, please state reasons and provide addition information

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Medications being taken \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

Family physician \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Authorization: I hereby give permission to the Humane Society of Charles County and/or any contact person listed above  
authorization for treatment for my child in the even I cannot be reached in an emergency.**

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE

FOR CONSIDERATION which is hereby given and received and acknowledged as sufficient between the parties, I hereby certify that I am the parent or legal guardian of \_\_\_\_\_ ("Participant") and I give my permission for him/her to participate in the Humane Society of Charles County, Inc. \_\_\_\_\_ program wherever said program occurs, including transportation from one location to another.

Regarding participation in said program, I do hereby release and discharge, for myself and the Participant, and for our heirs, representatives, executors, administrators, successors and assigns and do hereby remise and release and forever discharge the Humane Society of Charles County, Inc. ("Releasee"), its officers, directors, agents, employees, independent contractors, parent and subsidiary corporations, and all other entities in any way related to Releasee, and all other persons however associated with Releasee, in any capacity, their heirs, executors, administrators, insurers, successors and assigns, and any and all other persons, firms, corporations, associations, of and from any and all causes of action, suits, rights, judgments, claims and demands of whatever kind, including, but not limited to any claims in law or in equity, known or unknown, which I and the Participant now have or may hereafter have, now or in the future, including any legal liability of Releasee arising from or by reason of any damage, compensatory or punitive, known or unknown, foreseen or unforeseen, which heretofore have been or which hereinafter may be sustained by me or the Participant, arising or any way relating to any and all claims and actions.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian

Print Name \_\_\_\_\_

## PHOTO RELEASE

I am the parent or legal guardian of \_\_\_\_\_ and hereby give the Humane Society of Charles County, Inc., my permission to take photos of him/her. I acknowledge that these photos are the property of the Humane Society of Charles County, Inc., and may be used by them for any purpose consistent with their mission statement, including but not limited to advertising and marketing.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian

Print Name \_\_\_\_\_

## Financial Aid Form

Childs Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Please circle camp sessions which apply

1   2   3   4   5   6   7

### **Low Income Discount:**

Each participant must present proof of income:

Financial Aid	Total Family Income	Adjusted Camp Fee
_____ Level I	\$25,000 or below	\$35.00
_____ Level II	between \$25,000 and \$35,000	\$45.00
_____ Level III	between \$35,000 and \$45,000	\$60.00

For HSCC:

Proof of income: \_\_\_\_\_

Payment: \_\_\_\_\_

Total amount owed by participant: \_\_\_\_\_

### **Big Family Discount:**

- You must have at least three children registered to receive a discount.
- Please list each child attending a camp:

Child one: (full price) \_\_\_\_\_

Child two: (full price) \_\_\_\_\_

Child three: (\$50) \_\_\_\_\_

Child four: (\$25) \_\_\_\_\_

Child five: (\$25) \_\_\_\_\_

Child six: (\$25) \_\_\_\_\_

### **Volunteer Discount:**

Adults volunteering for one week of camp will receive \$50 off registration fee.

☐ I will volunteer to help during session \_\_\_\_\_.

If for some reason I am not able to work the week I am scheduled for, I will pay the additional \$50.00 before camp week starts.

\*please note that adult volunteers are on a first come, first filled basis, please check with camp director for inquiries of openings.

Signature \_\_\_\_\_

Date \_\_\_\_\_