



Critter Camp Application & Consent

Thank you for your interest in participating in SCHS Critter Camp 2019! Each week includes animal-related educational activities, animal interactions, visits from special guests, field trips, and more. Campers also complete service projects to benefit shelter animals.

Registrations are accepted in the order payment is received. Sessions generally fill up – register early to guarantee your child's space!

Camper Registration

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Date of Birth: ____/____/____	Age: _____	T-Shirt Size: _____ in child or adult (circle one)
Names of Parents/Guardians: _____		
Email Address: _____		
<i>Email is our preferred method of contact. If you would rather receive phone calls, please check here:</i> <input type="checkbox"/>		
Home Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	_____	_____
<i>Home</i>	<i>Cell</i>	<i>Work</i>
Emergency Contact Name: _____		Phone: _____
Are there any other persons authorized to pick up your child from camp?		
Name: _____	Relationship: _____	
Name: _____	Relationship: _____	

Session

Please apply for the grade your child will be entering in the 2019-20 school year.

Grades 1 & 2 August 12-15, 9am-12pm ☐

Grades 3 & 4 July 22-25, 9am-2pm ☐

Grades 5 & 6 July 15-18, 9am-2pm ☐

Chaperone Availability

Each session will include 2-3 off-site field trips. To keep camp costs low we rely on parents or guardians to chaperone and provide transportation. Would you be available to help? Yes ☐ No ☐

Comments: _____

Payment Information

Tuition is \$100 for grades 1-2 and \$150 for grades 3-4, and 5-6, which includes all materials and a Critter Camp T-Shirt.

Please circle one: Check Enclosed Master Card Visa Discover

Check Number: _____ Card Number: _____ Expiration ____/____

Name as it appears on card: _____ Authorized signature: _____

Consent & Release

The following information will help us provide a safe and enjoyable camp experience for your child. Please complete all information.

Camper Name: _____
Last First Middle

Please list any known allergies (including plant, animal, medicinal, and food):

Please list any recent illnesses that need special attention or consideration:

Any medications that need to be taken during camp hours are the sole responsibility of the parent or guardian. The Sauk County Humane Society will not dispense any medications.

Please list any mental or physical handicaps that require specific attention:

Please include any other information that may be helpful:

PHOTO RELEASE

From time to time the Sauk County Humane Society uses photographs of various educational or public service activities.

If you are willing to allow us to use pictures of your child taken during camp, please indicate by signing below.

Parent/Guardian Signature: _____

GENERAL RELEASE

I, the undersigned parent or guardian of _____ ("minor") hereby consent to the minor participating in the Sauk County Humane Society's camp program and all of its activities and programs. The undersigned, for himself or herself and on behalf of said minor, does hereby absolutely and unconditionally release, indemnify, hold harmless and forever discharge SCHS, its officers, directors, employees, successors, assigns, agents, and volunteers, and each of them, from and against any and all claims, demands, obligations, and liabilities of every nature and kind whatsoever, including, without limitation, negligence, occurring during, directly, or indirectly resulting from or arising out of minor's participation in camp. As to matters covered hereby, this CONSENT AND RELEASE shall extinguish all claims, demands, and rights which the undersigned or the minor occurring during, directly, or indirectly resulting from or arising out of minor's participation in SCHS's camp whether such injuries, costs, or damages are known or unknown, foreseen or unforeseen, ascertainable or unascertainable.

Parent/Guardian Signature: _____ Date: _____

Please submit completed application and payment to:

Sauk County Humane Society
Attn: Rachel
618 Linn St. Baraboo, WI 53913

Email: events@saukhumane.org
Phone: 608-356-2520 extension 12
Fax: 608-356-2519