



UNLEASHED CAMP REGISTRATION Summer 2011



Participant Information

Child name: (first) _____ (last) _____

Birthdate: _____ Age: _____ Grade (entering fall 2011): _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1 name: (first) _____ (last) _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Parent/Guardian #2 name: (first) _____ (last) _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Optional: I am interested in carpooling to/from camp, and AHS may share my contact information with other camp parents for carpooling purposes.

Health Information and Special Needs

Do you carry family medical/hospital insurance? Yes No

Insurance provider: _____ Policy/Group #: _____

Is your child taking any medications? Yes No

If so, please list and explain: _____

Status of your child's vision, hearing, and speech: _____

If your child has any of the following, please explain:

Dietary restrictions: _____

Allergies: _____

Asthma: _____

Special needs: _____

Significant information about your child's behavior that would be helpful to know:

This information is kept confidential and will be used only to help us accommodate your child's needs and provide the best possible camp experience for him/her.

Emergency Contacts and Authorized Transportation

If the parent(s)/guardian(s) listed above cannot be reached in case of an emergency, who else may we contact?

Name: _____ Daytime phone: _____

Name: _____ Daytime phone: _____

Please list anyone (other than parents/guardians) who is authorized to pick up your child from camp:

Name: _____ Name: _____

Name: _____ Name: _____

Camp Session Choice

Please indicate first choice with a '1' and second choice with a '2'. Registrations are accepted on a first-come, first-served basis, and space is limited. Registration for a particular session is not guaranteed until confirmed by AHS staff. You will receive a letter of confirmation when your registration is complete.

Golden Valley

_____	GV1	June 13-17	Grades 5-7	\$295
_____	GV2	June 20-24	Grades 7-9	\$295
_____	GV3	June 27-July 1	Grades 3-5	\$295
_____	GV4	July 5-8	Grades 5-7	\$235
_____	GV5	July 11-15	Grades 9-12	\$295
_____	GV6	July 18-22	Grades 5-7	\$295
_____	GV7	July 18-22	Grades 3-5	\$295
_____	GV8AM	July 25-29 (AM)	Grades 3-5	\$150
_____	GV8PM	July 25-29 (PM)	Grades 5-7	\$150
_____	GV9	August 1-5	Grades 3-5	\$295
_____	GV10	August 8-12	Grades 5-7	\$295

St. Paul

_____	SP1	July 18-22	Grades 5-7	\$295
_____	SP2	July 25-29	Grades 3-5	\$295
_____	SP3	August 1-5	Grades 7-9	\$295
_____	SP4	August 8-12	Grades 3-5	\$295

Coon Rapids

_____	CR1	June 13-17	Grades 5-7	\$295
_____	CR2	June 20-24	Grades 8-12	\$295
_____	CR3	June 27-July 1	Grades 3-5	\$295
_____	CR4	July 5-8	Grades 5-7	\$235
_____	CR5	July 11-15	Grades 3-5	\$295

Buffalo

_____	BF1	July 25-29	Grades 3-5	\$295
_____	BF2	August 1-5	Grades 5-7	\$295
_____	BF3	August 8-12	Grades 7-9	\$295

Woodbury

_____	WB1	June 13-17	Grades 3-5	\$295
_____	WB2	June 20-24	Grades 5-7	\$295
_____	WB3AM	June 27-July 1 (AM)	Grades 3-5	\$150
_____	WB3PM	June 27-July 1 (PM)	Grades 3-5	\$150
_____	WB4	July 5-8	Grades 5-7	\$235
_____	WB5	July 11-15	Grades 8-12	\$295

Waiver of Liability and Permission Form

I understand that my child will be participating in activities at the Animal Humane Society (AHS) and that in the course of such activities the child may have direct contact with domestic animals.

I further understand that while all precautions are taken to ensure participant safety, the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury. Knowing the risks of handling domestic animals, on behalf of my child and myself, I agree to assume those risks and release, indemnify, and hold harmless AHS and/or any of its officers, directors, employees, agents, or contractors for any and all personal injury or property damages resulting from my child's participation in camp activities. I agree to hold the Animal Humane Society harmless for any and all claims for injuries, causes for action or liability related to use of all Animal Humane Society facilities.

I give AHS authority to seek emergency medical treatment for my child. I know of no medical or other condition that would prevent my child from participation in activities at AHS.

I understand that Unleashed camp includes occasional field trips away from AHS, and give permission for my child to be transported by AHS or bus company staff to field trip locations.

I hereby consent to the photographing of my child and the use of these photographs to be used for any publicity, advertising and fund raising programs for AHS. I hereby release AHS and any of their directors, officers, agents, employees and appointed printing/advertising companies and their directors, officers, agents, and employees from all claims of every kind on account of such use.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____

Payment Information

I have enclosed a check. (Make checks payable to Animal Humane Society.)

Charge my credit card: Visa Mastercard AmEx Discover

Cardholder Name: _____

Account #: _____ Exp. Date: _____

Signature: _____

Thank you!

Please note: registrations are accepted on a first-come, first-served basis, and space is limited. Registration is not guaranteed until confirmed by AHS staff. You will receive a letter of confirmation when your registration has been confirmed.

**Mail completed registration with payment to:
Animal Humane Society Education Department
845 Meadow Lane N., Golden Valley, MN 55422
Fax*: 763-522-0933**

(*only applications with credit card payments will be accepted via fax)