

Registration Form Critter Camp 2010



Please be certain that your child will be entering the appropriate grade in September as indicated by session

Child's Name _____

M F Date of birth ____/____/____ Age ____

Grade entering in fall ____ Returning camper? Yes No

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (h) _____ (c) _____

(w) _____ (email) _____ @ _____

All sessions start at 9:00 AM and end at 2:00 PM

- **Note early registration discount:**

____ Before May 1 \$290

____ After May 1 \$305

Indicate first and second choices with #1 or #2

Level 1 For children entering grades 2 & 3:

____ **L1 Session 1** July 12 - 16

____ **L1 Session 2** July 26 - 30

____ **L1 Session 3** August 16 - 20

Level 2 For children entering grades 4,5 & 6:

____ **L2 Session 1** July 19 - 23

____ **L2 Session 2** August 9 - 13

*Please mail check

For credit card payment (VISA or MasterCard only),
please print your name as it appears on the card:

First name Last Name

VISA ___ MasterCard ___

Card number _____ - _____ - _____

Exp. Date ____/____ 3 number security code _____

Please sign: _____

**All campers receive a
Kids' Critter Camp T-shirt**

Child S (6 - 8) _____
Child M (10 - 12) _____
Child L (14 - 16) _____
Adult S (34 - 36) _____
Adult M (38 - 40) _____
Adult L (42 - 44) _____
Adult XL (46 - 48) _____

*St. Hubert's
Kids' Critter Camp*

*575 Woodland Avenue
PO Box 159*

Madison, NJ 07940

kidscrittercamp@sthuberts.org

www.sthuberts.org

Make checks payable to:

St. Hubert's

Animal Welfare Center

**Complete both sides and mail
with full payment to:**

**St. Hubert's
Kids' Critter Camp**

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Make checks payable to:

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We will send you a confirmation

A) I hereby grant permission for my child to participate in Critter Camp at St. Hubert's Animal Welfare Center.

I hereby grant permission for the St. Hubert's staff to take whatever steps may be necessary to obtain emergency care, if warranted. Those steps may include, but are not limited to:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the emergency alternate person provided
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) call another physician or paramedics; (b) call an ambulance; (c) have the child taken to the hospital emergency room in the company of a staff member.
5. Any expense incurred under #4 above will be borne by the child's family.
6. The organization will not be responsible for anything that may happen as a result of false or insufficient information provided at the time of enrollment.
7. The organization will not assume responsibility for any child whose parent(s) or legal guardian have not signed or returned this form.

SIGNED _____ DATE ____/____/____
(Parent or legal guardian) Month Day Year

B) FAMILY DOCTOR _____ Telephone (____) _____

ADDRESS _____

1. Does your child have any allergies (food, medicine, insects, pollens, plants, or animals)? ___Y ___N

If yes, please indicate: _____

2. Does your child have any medical conditions of which we need to be aware? ___Y ___N

If yes, please indicate: _____

C) PUBLICITY PHOTOGRAPHS AND STORIES: I give St. Hubert's Animal Welfare Center permission to use photographs, video, and/or stories for any or all of the following purposes:

1. Stories and photos for the media
2. Stories and photos for St. Hubert's Humane News and on St. Hubert's web site (www.sthuberts.org)
3. Advertisements for publicity

SIGNED _____ DATE ____/____/____
(Parent or legal guardian) Month Day Year

D) PERSON TO CONTACT IN EMERGENCY IF PARENT/GUARDIAN IS NOT AVAILABLE

Emergency Name _____ Telephone (____) _____

Relationship _____

E) PLEASE NOTE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS PERTINANT _____

