

**Please print out this page, complete all sections and mail with payment to:
St. Hubert's Animal Welfare Center
Attention: Kids' Critter Camp
P.O. Box 159
Madison, NJ 07940**

egoldberg@sthuberts.org

**Make checks payable to:
St. Hubert's Animal Welfare Center**

Or call with VISA or MC information: 973-377-8877 ext. 234

A confirmation will be sent to you.

**Please be certain that your child will be entering the appropriate grade in
September 2009 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) _____

Phone (W) _____ Email _____

Returning Camper? _____Y _____N

How did you learn about our camp? ___St. Hubert's email ___Open House ___word of
mouth ___sibling was camper ___brochure through school ___newspaper ad
___Kids' Directory ___Kids' Guide Other? (list below)

Sessions

Please indicate first and second choice with a 1 or a 2 for the appropriate sessions.

Level One: For children entering grades 2 or 3

L1 Session 1 (7/6-7/10) _____ 9-2 \$275 *
L1 Session 2 (7/20-7/24) _____ 9-2 \$275 *
L1 Session 3 (8/10-8/14) _____ 9-2 \$275 *

Level Two: For children entering grades 4 – 6

L2 Session 1 (7/13-7/17) _____ 9-2 \$275 *
L2 Session 2 (8/3-8/7) _____ 9-2 \$275 *

*** Registration AFTER May 1 is \$295, so register early!**

A family discount of \$50 will be given for the second child registered.

*** Yes, I would like to help provide a Critter Camp Scholarship to a less fortunate child. Please enclose an additional gift of \$10 or more with your child's registration.**

Critter Camp T-Shirt - All campers will receive a souvenir T-Shirt.

Adult T-shirts - 100% cotton Children's T-shirts - 50/50 cotton/polyester
(Please indicate a size - one for each camper)

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) _____

**PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE
AND TO PARTICIPATE IN SHELTER ACTIVITIES**

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

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

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the emergency alternate 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 the 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 information given at time of enrollment.
7. The organization will not assume responsibility for a child whose parent(s) or legal guardian has not signed or returned this form.

Signed _____ Date _____
parent or legal guardian

B. **FAMILY DOCTOR** _____ Phone _____

Address _____

1. Does your child have any allergies (foods, medicines, insects, pollens, plants, animals)?

2. Any daily medications that need to be taken while at camp? List:

C. PUBLICITY PHOTOGRAPHS AND STORIES

I give St. Hubert's Animal Welfare Center permission to use photographs, video and/or stories of my child for any or all of the following purposes (**No names ever!**) :

1. Stories and photos for the media.
2. Stories and photos for St. Hubert's Humane News.
3. Advertisements for publicity.

Signed _____ Date _____

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

Name _____

Relationship _____

Phone _____

E. EXPLAIN/ATTACH ANY ADDITIONAL INFORMATION THAT YOU FEEL IS IMPORTANT
