

# Yes! Please enroll me in HSGC 2009 Kid's Camp!

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (            ) \_\_\_\_\_ Cell (            ) \_\_\_\_\_

## Parent/Guardian Information

Parent(s) name \_\_\_\_\_

Best Phone # to call to contact parent 4:30-6:00 (            ) \_\_\_\_\_

## In case of emergency contact:

Name \_\_\_\_\_ Phone (            ) \_\_\_\_\_

Name \_\_\_\_\_ Phone (            ) \_\_\_\_\_

Health Ins. \_\_\_\_\_ Provider # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone (            ) \_\_\_\_\_

Hospital preference \_\_\_\_\_ Allergies \_\_\_\_\_

Person(s) authorized to pick up child from camp, other than parent or guardian **(all campers must be signed IN and Out by authorized adult)**

Name(s) \_\_\_\_\_

If attending with a friend, who? \_\_\_\_\_

Session registering for (session) \_\_\_\_\_ Dates \_\_\_\_\_

Enclose \$36.00 per child, and mail to: HSGC  
P.O. 190138  
Burton, MI 48519-0138

Make check payable to: "Humane Society of Genesee County"

## **Hold Harmless agreement**

I agree to hold harmless the Humane Society of Genesee County in the event of any bodily (or other) injury to child while at the shelter. I have been advised to secure any personal insurance needed for my child to attend events at the Humane Society of Genesee County.

*I have read, understand and agree to the above*

Parent/Guardian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

## **Tetanus Waiver**

I understand that because my child may handle animals, a tetanus shot is recommended for children attending events at the Humane Society. I have been advised that I should speak with my physician regarding the necessity of this vaccination for my child. I release the Humane Society of Genesee County from all responsibility in the event of an animal bite or injury to my child.

*I have read, understand and agree to the above*

Parent/Guardian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

# Photo / Media Release

I, \_\_\_\_\_ hereby **authorize** that my child, \_\_\_\_\_ may be photographed and/or video taped for promotional purposes. I understand that my child's picture and name may be on television, radio, newspaper, or other various mediums.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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I, \_\_\_\_\_ **DO NOT** authorize my child, \_\_\_\_\_ to be photographed or videotaped for promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_