



Animals Deserve Better, Inc - Animal Awareness Humane Education Summer Camp

Saving Dogs

Teaching Kids

Helping People

Open to children ages 8 - 15 years

9:00 A.M. - 1:00 P.M.

2014 DATES

SAVE \$25 - Reserve your spot by May 1 with your 50% deposit

Humane Education Camp - Ages 8 to 15 (9am to 1 pm) Donation \$250

June 2 - 7

June 9-13

June 16-20

June 23--27

July 7-11

July 14-18

July 21-25

July 28 - Aug 1

Camper Registration

Camper's name _____ D.O.B ____/____/____

T-Shirt size: YS YM YL S M L XL

Address _____ State _____ Zip _____

Prior experience with dogs (please describe)

Any experience with Animals Deserve Better

Reason for Participation

What would you like to master in your week at Humane Education Camp?

Do you have any fear of dogs or cats? If so, why?

Parent information
Name _____

Address _____ State _____ Zip _____

Home Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Work Phone ____ - ____ - ____

Name _____

Address _____ State _____ Zip _____

Home Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Work Phone ____ - ____ - ____

Medical Release for Humane Education Camp

Name of Minor Child: _____ Date of Birth: _____

I, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give Animals Deserve Better, Inc., the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that this authorization relieve the physician, dentist, or other person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that the above named guardian shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by the above named guardian. I understand that this form is in effect from the date signed and that it is my responsibility to inform Animals Deserve Better, Inc., of any changes to this form.

I (we) hereby waive and release Animals Deserve Better, Inc., its officers, employees, owners, trainers, volunteers, dogs and consultants harmless from any injury or damage resulting from our child's participation in the Humane Education Animal Awareness Summer Camp, and I (we) expressly assume the risk of any such damage or injury. I (we) hereby agree to indemnify & hold harmless & release Animals Deserve Better, Inc., its officers, employees, members, dogs & agents from any and all claims, or claims by any member of my (our) family while on the grounds or any other camp location area there maybe.

_____/_____/_____
(Printed name of parent) (Signature of Parent) (Date)

_____/_____/_____
(Printed Name of ADB official) (Signature of ADB official) (Date)

Emergency Contact Information:

Parent Name: _____ Home Phone: _____ - _____ - _____

Address: _____

City/State/Zip: _____

Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Parent Name: _____ Home Phone: _____ - _____ - _____

Address: _____

City/State/Zip: _____

Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Health Insurance Information:

Company or Organization: _____

Address: _____

City/State/Zip: _____

Name of Policy Holder: _____

Policy or Contract Number: _____ Expiration Date: ____/____/____

Physician Information:

Physician Name: _____ Phone: _____ - _____ - _____

Address: _____

City/State/Zip: _____

Name of Minor Child: _____ Age: _____ Date of Birth: _____

Date of Minor's Last Tetanus Shot (if known): ____/____/____

Additional Information:

Do you have a medic alert tag, and for what condition:

Known Allergies (food, insects, medication, others):

Do you carry medication for your allergies (If yes, list medications and dosages):

Current medications (include herbal, and over the counter, as well as prescription medications, including birth control pills):

Medical history (including medical conditions or other important fact that should be known):

Special beliefs (any religious or other beliefs that might have an effect on medical care, such as blood transfusions, etc.)



Dear parents,

By signing this form, you entrust Animals Deserve Better, Inc with your child,
_____, for the duration of humane education camp,
from ___/___/___ to ___/___/___, during the hours of ___:___ to ___:___.

By entrusting the welfare of your child to Animals Deserve Better, Inc you understand the risks and precautions taken in dealing with live animals. You also understand and uphold that Animals Deserve Better, Inc is not accountable for your child's actions or their consequences.

You understand that you will be asked to retrieve your child from humane education camp, and that there is no refund for donation paid to Animals Deserve Better, Inc should your child act inappropriately, including but not limited to:

- Disregarding camp leaders
- Behaving inappropriately around animals, physically or verbally
- Disrupting camp activity
- Behaving inappropriately with other campers
- Damaging or destroying Animals Deserve Better, Inc property.

Total fee per child for humane education camp requires a donation of: \$250

This permission form also serves as a contract between campers' parents and Animals Deserve Better, Inc., and a receipt for tax-deductible donation made to Animals Deserve Better, Inc.

Parent name: _____

Parent Signature: _____

Date: ___/___/_____



METHOD OF PAYMENT: (Please Circle)

ONLY - Visa MasterCard Cash Check

(Please make check out to Animals Deserve Better, Inc)

Cardholder Name _____ Card Number _____ Exp Date _____

Please provide the last three digits shown in the signature panel on the back of your credit card _____

Billing Address _____

Cardholder Signature _____

Deposits are 50% of total in order to hold your spot. Deposits are non-refundable if cancellation is less than 45 days from camp week reserved.

BALANCE IS DUE ONE WEEK BEFORE CAMP DATE! \$25 LATE FEE IF AFTER!

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