



Hill Country SPCA
2981 S. Hwy 16 Fredericksburg, TX 78624
Phone:(830)990-9085 Fax:(830)990-9080
Programs@hillcountryspca.com

Critter Camp 2017 Registration

(please check one)

June 19-23 July 17-21

Name: _____ Grade (2017-2018) _____ Age: _____

Home Address: _____ Phone: _____

Parent/Legal Guardian: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Please circle shirt size: YS YM YL AS AM AL

Emergency Contact Information:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Does the camper take any medication? Yes or No Does the camper have any food allergies? Yes or No

If yes to medication or food allergies, please explain: _____

Does camper have animal allergies? Yes or No

If yes, please explain: _____

Any physical limitations or other needs: _____

Other individuals authorized to pick up my child are:

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Parent/Legal Guardian Signature: _____ Date: _____

Mail registration and waiver to: HCSPCA, 2981 S HWY 16, Fredericksburg, TX 78624 along with a \$125.00 check payable to Hill Country SPCA, if the camp is full, your check will be returned. Any questions, email: programs@hillcountryspca.com or call 830-990-9085



Hill Country SPCA
Critter Camp Waiver 2017
June 19-23 or July 17-21

In consideration of being allowed to participate in the Critter Camp Program at the Hill Country SPCA, I acknowledge and agree that: I, _____, the parent/legal guardian of _____, understand the nature of the activities that my child will participate in. I also understand the nature of domestic shelter animals and that their behavior is sometimes unpredictable which can give rise to risks such as personal injury, disease, illness, or property damage. Knowing this, I and anyone who might claim on my behalf, including heirs, guardians, legal representatives, or assigns, release and discharge the Hill Country SPCA, its officers, directors, employees, volunteers and all others affiliated with the Hill Country SPCA from any and all claims and liability of any kind arising out of personal injury, disease, illness, or property damage resulting from my child's participation in activities on and off campus during the Critter Camp Program.

I agree to inform my child to perform only those tasks assigned, observe all safety rules, and use care in their participation in the Critter Camp Program.

I agree that my child may be photographed, videotaped or recorded and that said photographs, videos or recordings may be used on the Hill Country SPCA website or in any editorial, educational or promotional material produced and/or published by the Hill Country SPCA. I understand that my child will not receive compensation for the use of these and that my child will not be given notice of when these materials are used.

I certify to the best of my knowledge, that my child's current physical condition is satisfactory for participation in the Critter Camp Program, and that he/she is free of any health problem that would affect his/her ability to participate. I acknowledge that loss or damage to my child's personal property used while participating in the Critter Camp Program is not reimbursable. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child while participating in the Critter Camp Program. I have listed above all of my child's known allergies, all of my child's physical limitations and any special needs that my child might have. In addition, I have no knowledge of any medical condition that would prevent my child from participating in the activities at Critter Camp.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILTIY AND I SIGN IT OF MY OWN FREE WILL.

Parent/Legal Guardian Signature: _____ Date: _____