

- PAWS CLUB
 - Jr. PAWS CLUB
 - TINY PAWS CLUB
- 2017/2018**

Child's Name _____ Age _____
 Parent/Guardian Name _____ Email _____
 Mailing Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____

Person to call if parents(s) cannot be reached (please print clearly):
 Name _____ Relationship _____ Phone _____

Health History

Please check any that apply and describe symptoms of allergy and details of illness or health restrictions on additional sheet.

___ Hay Fever ___ Ear Infection ___ Heart Disease ___ Insect Stings ___ Convulsions ___ Asthma ___ Diabetes
 ___ Ivy/Oak ___ Fainting ___ ADHD ___ Diabetes ___ Autism ___ Food (specify _____)
 ___ Animals (specify _____) ___ Fears/Phobias (specify _____)
 ___ Drug (specify _____) ___ Other (specify _____)
 _____ Date of last Tetanus _____ Date of operations of serious injury

Medications being taken _____
 Health Insurance Company _____ Policy number _____
 Family physician _____ Phone number _____

Emergency Authorization: I hereby give permission to The Humane Society of Charles County and/or any contact person listed above authorization for treatment for my child in the event I cannot be reached in an emergency.

Signature (Parent/Guardian) _____ Date _____

RELEASE

FOR CONSIDERATION which is hereby given and received and acknowledged as sufficient between the parties, I hereby certify that I am the parent or legal guardian of _____ ("Participant") and I give my permission for him/her to participate in the Humane Society of Charles County, Inc. _____ program wherever said program occurs, including transportation from one location to another.

Regarding participation in said program, I do hereby release and discharge, for myself and the Participant, and for our heirs, representatives, executors, administrators, successors and assigns and do hereby remise and release and forever discharge the Humane Society of Charles County, Inc. ("Releasee"), its officers, directors, agents, employees, independent contractors, parent and subsidiary corporations, and all other entities in any way related to Releasee, and all other persons however associated with Releasee, in any capacity, their heirs, executors, administrators, insurers, successors and assigns, and any and all other persons, firms, corporations, associations, of and from any and all causes of action, suits, rights, judgments, claims and demands of whatever kind, including, but not limited to any claims in law or in equity, known or unknown, which I and the Participant now have or may hereafter have, now or in the future, including any legal liability of Releasee arising from or by reason of any damage, compensatory or punitive, known or unknown, foreseen or unforeseen, which heretofore have been or which hereinafter may be sustained by me or the Participant, arising or any way relating to any and all claims and actions.

Date _____ Signature _____ Print Name _____

PHOTO RELEASE

I am the parent or legal guardian of _____ and hereby give the Humane Society of Charles County, Inc., my permission to take photos of him/her. I acknowledge that these photos are the property of the Humane Society of Charles County, Inc., and may be used by them for any purpose consistent with their mission statement, including but not limited to advertising and marketing.

Date _____ Signature _____ Print Name _____

SESSIONS REGISTERED

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN

Payment
 Annual: (\$80) _____
 Monthly: (\$10/session) _____

Check payable to: HSCC / Cash
 Credit Card # _____
 Billing Address _____
 Zip _____ Exp. Date _____

Authorized Signature: _____

