



HUMANE SOCIETY
OF CHARLES COUNTY



2018 CAMP WEEKS

June 25-29 Ages 4-6	"Wags to Whiskers"	9:00am-1:00pm \$125.00
July 9-13 Ages 5-7	"Critter Camp"	9:00am-4:00pm \$200.00
July 16-20 Ages 7-10	"Crazy for Cats"	9:00am-4:00pm \$200.00
July 23-27 Ages 8-11	"All Things Animal"	9:00am-4:00pm \$200.00
July 30-Aug 3 Ages 11-14	"Gone to the Dogs"	9:00am-4:00pm \$200.00

To register and pay go to www.humanesocietycc.org
For information email: smartocci@humanesocietycc.org

Child's Name _____

Birthdate _____

Parent/Guardian Name _____

Email _____

Mailing Address _____ City _____

Zip _____

Home Phone _____ Cell Phone _____

How did you hear about us? _____

Or visit us in person at:

71 Industrial Park Drive

Waldorf, MD 20602

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO

YES, Explain: _____

If your child requires any medication during camp, please make sure you fill out a Medication Administration Authorization Form

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides: _____

1. Country in which child resides: _____

2. Is this child exempt from any immunizations? YES NO
 YES, List them: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

DHMH-4768 (1/15)

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 _____