



# HUMANE SOCIETY of the WHITE MOUNTAINS

P.O. Box 909 Lakeside, AZ 85929  
3212 N. Porter Mtn. Rd.  
www.hswm.org Office: 928.368.5295

# critter camp 2019

## Registration Form

Please bring this form to the Humane Society with your payment. Make checks payable to HSWM. Sorry, there are no refunds after classes begin.

**All camps are from 9:00am to 2:00pm - \$75 per student.**

- Senior Critter Camp  
 **Session 1:** June 10th - 14th  
9am to 2pm  
**PAST GRADUATES ONLY**
- Session 2:** June 17th - 21st  
9am to 2pm  
**Ages 10-13**
- Session 3:** June 24th-28th  
9am to 2pm  
**Ages 7-9**

Session(s) you are registering for: \_\_\_\_\_

Please respect our age requirements. Your child must be at least 7 years of age for the younger kids' camp and 10 years of age for the older kids' camp.

Student's Name: \_\_\_\_\_

Age student will be at beginning of Camp : \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_\_. T-Shirt Size \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ *please specify youth or adult sizing*

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone(s): (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

e-mail address \_\_\_\_\_

How did you hear about Critter Camp? \_\_\_\_\_

Who will pick-up/drop-off your child? \_\_\_\_\_

### Medical Information:

Does your child have any allergies or special needs that we should be aware of? \_\_\_\_\_

Is there anything else we need to know about your child? \_\_\_\_\_

In case of Emergency, contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

In case of Emergency, the HSWM is authorized to seek medical attention from emergency services and/or:

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Please initial to indicate your approval/disapproval:

My child has permission to watch a Spay/Neuter Surgery \_\_\_\_\_ YES \_\_\_\_\_ NO

My child has permission to join the walk to the creek \_\_\_\_\_ YES \_\_\_\_\_ NO

I give my permission for the HSWM to use photos taken at Critter Camp \_\_\_\_\_ YES \_\_\_\_\_ NO

This program is for children only. Parents, grandparents and guardians will need permission to visit. Only volunteers, staff or those with HSWM permission will be allowed to photograph program.

**I understand that every precaution is taken to secure the safety of each student; however, in case of accident, I agree to release the Humane Society of the White Mountains from any liabilities.**

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

Payment received by \_\_\_\_\_ Type \_\_\_\_\_ Date \_\_\_\_\_