



# Rohnert Park Animal Shelter

301 Rogers Lane ♦ Rohnert Park ♦ 94928 ♦ 707-584-1582

## Application for Animal Camp

Please complete both sides and return with payment to reserve a place – **Make checks payable to ASL**

Camper's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade in '18-'19 school year \_\_\_\_\_

T-shirt size (circle one): Child: small med large      Adult: small med large x-large

### Emergency Information:

Alternate to parent \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies or special considerations \_\_\_\_\_

### Camp Info:

Which camp session are you applying for? \_\_\_\_\_

Is there a friend/sibling that you want to attend with? \_\_\_\_\_

Will you be able to attend **all** the days of this session?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you attended this camp before? When? \_\_\_\_\_

How did you hear about this camp? \_\_\_\_\_

### Current pets in your household:

Breed/ Type	Age	Sex	Neutered/Spayed?	Kept Where?
		___M ___F	___yes ___no	___in ___out ___both
		___M ___F	___yes ___no	___in ___out ___both
		___M ___F	___yes ___no	___in ___out ___both
		___M ___F	___yes ___no	___in ___out ___both
		___M ___F	___yes ___no	___in ___out ___both

# Waiver and Consent

## LIABILITY RELEASE

In consideration of the acceptance of my child's application for the Rohnert Park Animal Shelter's Animal Camp Program, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said program. This release is intended to discharge in advance the City of Rohnert Park and the Animal Shelter League of RP, its officers, employees or agents from liability, unless the cause of the accident/loss is the sole negligence of the city, its officers, employees or agents. It is understood that there are risks associated with some recreational activities, transporting to fieldtrips and the handling of animals, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

## PARENTAL CONSENT

I give my consent for my son/daughter, \_\_\_\_\_, to  
(camper's name)

participate in the Rohnert Park Animal Shelter's Animal Camp Program, and I execute the above liability release on his/her behalf.

## CONSENT TO TREAT

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Rohnert Park, the Animal Shelter League of RP and the Rohnert Park Animal Shelter provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed on the camp application, every effort will be made to contact such physician. However, the location of the activity, or the nature of the illness/ injury may require the use of emergency medical personnel.



If you do **NOT** give your consent to treat, and request that medical or surgical services be **withheld**, please initial the box at left.

## PHOTO RELEASE

I understand that pictures will be taken during camp activities and give permission for photos of my child to be used in future publicity materials without compensation or approval rights.

## REFUND POLICY

A full refund will be given if notice is received at least one week (7 days) in advance to the start date of the camp session. A refund, minus a \$25 processing fee, will be given if notice is received at least by 5:00 p.m. of the Friday before the start date of the camp session. No refund will be given for cancellations after that time or for individual days missed.

## READ BEFORE SIGNING

I have read and understood the foregoing liability release form, parental consent, consent to treat and refund policy, and photo release and agree to all of their terms and conditions.

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

Print Name \_\_\_\_\_