



SPCA of Central Florida  
Your local Humane Society... saving pets since 1937!

# Shelter Friend 2010

The SPCA of Central Florida invites your children to participate in our "**Shelter Friends 2010**" camp this summer. **Shelter Friends** is a wonderful way for kids to learn all about the SPCA of Central Florida, animals and ways that they can become a responsible pet owner. During the camp, kids will learn all about the animals at the shelter and how we take care of them. We will have a great time through:

- Arts and Crafts
- Games
- Animal Interaction
- Field Trip
- T-shirt
- Daily Snack
- And Much More!

We ask you to please fill out the following forms and return with your \$50 deposit in the following ways:

1. Mail your forms and check to:

Attn: Fraily Rodriguez  
SPCA of Central Florida  
2727 Conroy Road  
Orlando, FL 32839

2. Email or fax to:

[Fraily@OrlandoPets.org](mailto:Fraily@OrlandoPets.org) or 407.352.2070

**For more information, feel free to contact Fraily Rodriguez, Manager of Education at 407.248.1756 or [Fraily@OrlandoPets.org](mailto:Fraily@OrlandoPets.org).**

# SPCA OF CENTRAL FLORIDA

Summer Camp-2010 Application



CAMPER INFORMATION				
Last Name		First		Age
Address				
City		State	Zip	
E-Mail		Home Phone		
Cell Phone		Work Phone		Other Number
Parent/Guardian				
Do you suffer from allergies?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, are these allergies to animals?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Please list child's allergies/special needs				
Child T-Shirt Size			Adult T-Shirt Size	
<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> S	<input type="checkbox"/> M
			<input type="checkbox"/> L	<input type="checkbox"/> XL

EMERGENCY CONTACT INFORMATION			
Name		Address	
Apt	City	State	
Phone		Cell Phone	
Relation to Camper			

CAMP FEE	
Members	<b>\$170</b>
Non-Members	<b>\$200</b>
Late Pick-up <b>\$10 per half hour late Pick up</b>	
Session 1	<input type="checkbox"/> June 14 <sup>th</sup> -18 <sup>th</sup> (3 <sup>rd</sup> -5 <sup>th</sup> Grade)
Session 2	<input type="checkbox"/> July 12 <sup>th</sup> -16 <sup>th</sup> (3 <sup>rd</sup> -5 <sup>th</sup> Grade)
Session 3	<input type="checkbox"/> August 2 <sup>nd</sup> -6 <sup>th</sup> (6 <sup>th</sup> -8 <sup>th</sup> Grade)
Sanford Session	<input type="checkbox"/> July 19 <sup>th</sup> -21 <sup>st</sup> (3 <sup>rd</sup> -5 <sup>th</sup> Grade) This session will be held at our Sanford location. <b>The cost is \$120.</b>

PAYMENT OPTIONS	
Option 1	<input type="checkbox"/> Check Enclosed, make payable to the SPCA of Central Florida
Option 2	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card# _____ Exp Date _____

**Application and \$50 deposit (non-refundable) is required to hold your child's spot. The remaining payment is due two weeks before each session.**

**Signature:**



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### MEDIA RELEASE FOR MINORS

Dear Parents,

During your child's participation at Shelter Friends 2010 Summer Camp, the SPCA of Central Florida staff may photograph/video/audio your child for use in marketing and promotional materials. These photographs and video/audio recordings are property of the SPCA of Central Florida and may be used in any appropriate manner we choose. This includes, but not limited to, our use in promoting future Shelter Friends Camp, newsletters or other forms of marketing.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, understand and agree that the SPCA of Central Florida may use my child's name, videos, audio or photography in which my child appears for publicity or promotional purposes for the SPCA of Central Florida without any liability or obligation to me or my child. **All photographs and video/audio recordings are property of the SPCA of Central Florida.**

Child's name: \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, understand the nature of the activities that my child will be participating in during the week of Shelter Friends 2010 Summer Camp at the SPCA of Central Florida. 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. Knowing this, I, and anyone who might claim on my behalf, release the SPCA of Central Florida, officers, directors, staff, volunteers and all others affiliated with the SPCA of Central Florida from any and all claims and liability of any kind arising out of personal injury and property damage resulting from child's participation in activities during Shelter Friends 2010 Summer Camp.

In the event that my child requires medical attention, I authorize the SPCA of Central Florida to seek proper medical help at my cost.

I have listed below 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 Shelter Friends 2010 Summer Camp.

Any known allergies: \_\_\_\_\_

Any physical limitations or other needs: \_\_\_\_\_

Physician's name, phone number and address: \_\_\_\_\_

Name of insurance company, policy number, and phone number: \_\_\_\_\_

Emergency contact name and phone number: **(please list two)**

\_\_\_\_\_  
\_\_\_\_\_

Parent/legal guardian information:

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other individuals authorized to pick up my child are: **(ID must be shown)** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_