



SPCA OF CENTRAL FLORIDA

Summer Camp-2009 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

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

CAMP FEE			
Members	\$170	Non-Members	\$200
Late Pick-up \$10 per half hour late Pick up			
Session 1	<input type="checkbox"/> June 15-19 (3 rd -5 th Grade)		
Session 2	<input type="checkbox"/> July 13-17 (3 rd -5 th Grade)		
Session 3	<input type="checkbox"/> August 3 rd -7 th (6 th -8 th Grade)		

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



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

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 2009 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 2009 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 2009 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: _____



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MEDIA RELEASE FOR MINORS

Dear Parents,

During the week of your child's participation at Shelter Friends 2009, 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: _____