

Dubuque Regional Humane Society

2019 Summer Camp Enrollment Form

For enrollment, visit DBQhumane.org OR complete this form and return it with payment to: The Dubuque Regional Humane Society, Attn: Kids & Critters Camp, 4242 Chavenelle Rd, Dubuque, IA 52002

Confirmation emails with important camp information will be sent immediately following registration. Please contact outreach@dbqhumane.org with any further questions or concerns.

Choose your camp!

GRADES: 1 st -3 rd	4 th -6 th	6 th -8 th	9 th -12 th
Week Camps 1p-4p	Week Camps 1p-4p	Vet Camps 1p-5p	Vet Shadow 1p-5p
_____ June 17-21 _____ July 8-12 _____ July 29- Aug 2	_____ June 24-28 _____ July 15-19 _____ August 5-9	_____ June 11 _____ August 13	_____ July 23
Day Camps 9a-12p	Day Camps 1p-4p	\$35 Day Camp \$150 Week Camp \$50 Vet Camp \$50 Vet Shadow Day	
_____ June 12 _____ July 24	_____ June 12 _____ July 24		

Camper Information

Name (one camper per form): _____ Age at time of camp: _____

School Attending: _____ Grade (Fall of 2019): _____

T-shirt Size and Quantity:

Youth Small (6-8) Youth Large (14-16) Adult Small Adult Large
 Youth Medium (10-12) Youth X-Large (18-20) Adult Medium Adult X-Large

Please list all allergies or dietary restrictions or requirements. _____

List any medical or behavioral concerns that require special attention or considerations; please provide any information which may be helpful to camp staff. _____

Parent/Guardian Information

Name(s): _____ Email: _____

Primary Phone: _____ Additional Phone: _____ City: _____

Home Address: _____ Zip: _____ State: _____

Emergency Contact

(In the event that a parent/guardian cannot be reached)

Name(s): _____

Primary Phone: _____ Additional Phone: _____

Payment Information

Payment Method (Please check one):

Enclosed is my check: (Check Number) _____

Please charge my credit card:

Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on card: _____ Signature: _____

Scholarship Information

Scholarships are offered to campers who, without this option, would be unable to attend camp.

All applications will be considered; scholarships will be awarded based on financial need, number of requested scholarships, and available funding.

Camp Date _____ Partial/Full **Camp Date** _____ Partial/Full **Camp Date** _____ Partial/Full

Please give a brief explanation as to why your camper should be considered for a scholarship.

Camper: Please write a paragraph explaining why you want to experience Kids & Critters Camp.

**Dubuque Regional Humane Society: Kids & Critters Camp
2019 LIABILITY RELEASE**

As a precedent to my child participating in the Kids & Critters Camp and in partial consideration for the Dubuque Regional Humane Society agreeing to allow to have my child participate in the Kids & Critters Camp, I knowingly and voluntarily assume any and all risks inherent in my child's participation. I waive any right to claim against the Dubuque Regional Humane Society, its directors, officers, officials, volunteers, agents or employees for loss of life, bodily injury, property damage, and/or loss or personal loss that may be sustained as a result of my child's participation in the Kids & Critters Camp. In addition, I am waiving my right to claim against the Dubuque Regional Humane Society, its directors, officers, officials, volunteers, agents or employees and I am absolving them from any and all liability which may be based on the acts, omissions, or negligence of the Dubuque Regional Humane Society, its directors, officers, officials, volunteers, agents or employees. Further, I agree to pay, defend, indemnify, and hold the Dubuque Regional Humane Society harmless from any and all claims that may be brought against the Dubuque Regional Humane Society as a results of any injuries sustained by my child during the course of my child's participation in the Kids & Critters Camp.

I also understand that public relations is an important part of a volunteer's activities on behalf of the Dubuque Regional Humane Society, I hereby authorize the DRHS to use any photographs of my child in its possession for public relation purposes.

Parent/Guardian Signature: _____ Date: _____