



2011 Winter Animal Camp Application

Cost: \$135 for the entire session or \$35 per day

Payment is necessary with the application in order to secure enrollment.

Tuition can be paid at the MHS front desk, by phone with credit card, or by mail with check made payable to 'Maui Humane Society' at ATTN: Education & Outreach Coordinator, Maui Humane Society, P.O. Box 1047, Puunene HI, 96784

Winter Animal Camp will be held from **8am to 2pm Monday through Friday via two week-long sessions. Session 1: December 19 – 23; Session 2: December 26 – 30. Enrollment is subject to availability.** Please have your child bring a sack lunch; snacks will be provided. Complimentary Pizza Party takes place on graduation day.

This year, please note that camp is limited to grades 2-5. We offer other educational opportunities for grades K-1 and young adults.

There will be a \$10 charge for every ten minutes a camper is dropped-off early or picked-up late.

PLEASE FILL OUT COMPLETE APPLICATION...MAHALO!

Child's Name:	Nickname?	
Child's Birth Date:	Current Grade:	
Parent/Guardian Name(s):		
Street:	City:	Zip:
Home Phone:	Work/Cell Phones:	
Email address:		
Since each day of our program builds upon the previous day, we feel it is important for your child to be present for all five days of the session. Do you have any prior commitments during this time frame that would cause your child to be absent? No _____ Yes _____ If yes, which day?		
Has your child attended Animal Camp before? No _____ Yes _____		
Why is your child interested in attending <i>Animal Camp</i> ?		
Topics of particular interest to your child:		
Are there any pets residing with your family? If so, what kind?		
How/Where did you hear about <i>Animal Camp</i> ?		
Any applicant(s) your child hopes to attend with?		

For more information, please contact our Education and Outreach Coordinator, Josephine at: (808) 877-3680 ext. 20 or e-mail Education@MauiHumaneSociety.org

Medical Acknowledgment Waiver

Date: _____

Camper's Name: _____ Age: _____

My son/daughter has a medical condition: YES NO

Please list any allergies or medical conditions MHS staff should be aware of, including medications associated with each condition or allergy that they may need during their time at Animal Camp.

Allergy or Medical Condition	Medication	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give MHS staff permission to administer needed medication to my child: YES NO

I acknowledge my son/daughter has allergies and/or a medical condition(s) which may be exacerbated by attending MHS Animal Camp and am allowing my son/daughter to participate in Animal Camp regardless of his/her allergies and/or medical condition(s).

I authorize the Maui Humane Society to seek emergency medical treatment for my child in case of an accident, injury or illness and to hold MHS harmless in such an event.

X _____
Signature of Parent or Guardian

Date

Print Name – Parent or Guardian

IN CASE OF EMERGENCY

Please contact:

Name: _____ Phone: _____

Relationship: _____

If Emergency Contact is not reachable:

Primary Physician's Name: _____ Office Phone: _____

Does your child have any **physical or psychological limitations or disabilities** that might hinder them from participating in some activities? ** MHS does not discriminate against those with any of the above listed, we simply ask for safety. **

YES or NO

If yes, please explain: _____

Does your child have any fears of specific animal types/breeds? **YES or NO** What? _____

RELEASE WAIVER

____ (initial) I, _____ waive all claims against the Maui Humane Society, the City and County of Maui or the State of Hawaii, and/or their members, directors, employees and volunteers for any/all personal injury and/or property damages resulting from attending Animal Camp at the Maui Humane Society.

PHOTO RELEASE

On behalf of myself and the minor listed below, I hereby consent to and authorize the use and reproduction, in print or electronic format by Maui Humane Society, or anyone authorized by the Maui Humane Society, of any or all photographs that have been taken during Animal Camp for whichever purpose without compensation. (These photographs may be used in publications, promotional literature, advertising, or in other similar ways. All photographs are the property of the Maui Humane Society.)

____ YES ____ NO

Name of Person Photographed: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Disclaimer: Your privacy is important to us. The above information is held in confidence and never released or sold and all CC information is destroyed after payment is processed.

**Complete and return this application with payment to:
Maui Humane Society – Animal Camp
P.O. Box 1047
Pu’unene, HI 96784**

Please don’t hesitate to contact us with any questions. (808)-877-3680 ext. 20

Office Use Only:

Date Received: _____

Payment Collected: _____

Payment Type: CASH CK# _____ CC: VISA MC AMEX DISC

#: _____ Exp: _____

Name on Card: _____