



Animal Camp

Payment of \$135 per week/\$35 per day is necessary with the application in order to secure enrollment. Please have your child bring a sack lunch; snacks will be provided. Complimentary Pizza Party takes place on the final day of camp. We will notify parents of your child's acceptance via email.

PLEASE FILL OUT BACK OF PAGE TOO...MAHALO!

Child's Name:	Nickname? (for nametag)	
Child's Birth Date:	Current Age:	
Parent/Guardian Name(s):		
Street:	City:	Zip:
Home Phone:	Work/Cell Phones:	
Email address:		
1) 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?		
2) Has your child attended Animal Camp before? No ____ Yes ____		
3) Does your child have any allergies or conditions that would prohibit him/her from handling animals? No ____ Yes ____ If yes, please explain:		
4) Why is your child interested in attending <i>Animal Camp</i> ?		
5) Topics of particular interest to your child:		
6) Are there any pets residing with your family? If so, what kind?		
7) How/Where did you hear about <i>Animal Camp</i> ?		
8) Any applicants your child hopes to attend with?		
9) Any food allergies, medical or behavioral issues? No ____ Yes ____ If yes, please explain:		



ANIMAL CAMP RELEASE WAIVER

The Maui Humane Society

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. I understand that under MHS Worker Compensation Policy, campers are not eligible for coverage for injuries sustained while attending Animal Camp at the shelter or any other MHS sponsored events.

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 all personal injury and property damages resulting from attending Animal Camp at the Maui Humane Society.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

ANIMAL CAMP PHOTO RELEASE WAIVER

The Maui Humane Society

On behalf of myself or the minor listed below I hereby consent to and authorize the use and reproduction, in print or electronic format by the Maui Humane Society Inc., 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.

Name of Person Photographed: _____ Age: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Disclaimer: Your privacy is important to us. The above information is held in confidence and never released or sold.

Complete and return to: **Yvette / MHS Education Department, P.O. Box 1047, Puunene, HI 96784**
- **Or** - **Drop by and pay by credit card** *Questions? Call (808)-877-3680 ext. 20*

www.maiuhumanesociety.org/youth