

Cochrane & Area Humane Society Summer Day Camps Registration Form

Please print clearly and complete all sections.

Child's name: _____ Age _____ DOB _____ Girl / Boy

Alberta Health Care No. _____

Name of School _____ Grade: _____

How did you hear about the camp? _____

Please mark your first, second and third choice.

- Week 1: July 5th – 9th
- Week 2: July 12th – 16th
- Week 3: July 19th – 23rd
- Week 4: July 26th – 30th

Please list your children's allergies and/or special needs: _____

Please include allergies, medical conditions, physical limitations, behavioral or special supervision needs or any other information that would be helpful to our instructors.

Contact information

Parent or Guardian's Name: _____

Address: _____ City/Town _____ Postal Code _____

Home Ph No _____ Business Ph No _____ Cell Ph No _____

Parent or Guardian's email: _____ (please write clearly as
all confirmations and information will be sent by email)

Check here if you do not want to receive future program or event information from CAHS

Alternate Emergency Contact (must be provided):

Name _____ Ph No _____

To whom, other than yourself, may your child be released to?

Name _____ Relationship to child _____

Camp Fees

- \$180 x _____ weeks = \$ _____
 - Before camp care 8-9 a.m. \$25 x _____ weeks = \$ _____
 - After camp care 4-5 p.m. \$25 x _____ weeks = \$ _____
 - Donation \$ _____
- Total = \$ _____

Method of Payment

Cheque - Make out to Cochrane & Area Humane Society and indicate: Summer day camps

Visa or MasterCard: Number _____ Expiry date _____

Name on credit card _____

Authorized Signature _____



**Cochrane & Area
HUMANE SOCIETY**

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Waiver of Legal Rights, Release, and Indemnification and Consent to Medical Treatment

Child's name: _____

Warning: By signing this agreement, you impact your legal rights, including loss of ability to sue for the negligence of Cochrane & Area Humane Society and its Agents.

Please read each point carefully and then initial after you have read and understood it.

In consideration of the above named child being allowed to participate in summer camp and the before or after care at the Cochrane & Area Humane Society (CAHS) and other good valuable consideration, the receipt and sufficiency of which is hereby acknowledged by me, the undersigned parent or legal guardian (hereby "I" or "me"), I hereby irrevocably, unconditionally and forever waive, release and agree to indemnify and save harmless the CAHS and its directors, staff, agents or volunteers for and from all claims, damages, loss and/or injury, including without limiting the generality of the foregoing, claims arising from the negligent acts or omissions of any of these that may result from or arise in connection with the above named child's participation in this activity.

Initials: _____

I am aware and acknowledge that the animals of the CAHS are not trained by the CAHS and that they can be unpredictable and dangerous, and that this presents a special risk to the above named child. Note: Children's contact will be limited to staff approved pups and kittens and well trained pets.

Initials: _____

I am aware and acknowledge that the CAHS strongly recommends keeping current with the above named child's tetanus immunizations, and to consult my physician about this and other concerns related to working with animals.

Initials: _____

I am aware and acknowledge that this program may involve: nature hikes, games, animal contact and crafts at the Cochrane & Area Humane Society.

Initials: _____

I understand that the activities with the CAHS Summer Camp may be conducted by personnel whose skills and competencies vary according to their training and experience. It is my responsibility to determine whether or not I am satisfied with the qualifications of the Program personnel, and I understand that CAHS does not assume any responsibility for the skill or competence of such personnel.

Initials: _____

I understand that I assume any and all risk associated with the above named child's participation in activities and events organized or sponsored by CAHS including without limitation, injury, death or illness to the above named child and/or damage or loss to the above named child's property and or the property of a third party.

Initials: _____



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In the event of an emergency I hereby grant my consent to CAHS staff to administer first aid and arrange for transport of the above named child to the nearest medical facility. I assume full liability for any costs related to the treatment and transportation of the above named child.

Initials: _____

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I declare that I have read, understood and agree to the contents of the informed consent form in its entirety.

Dated at _____, Alberta, this _____ day of _____, 20__

Signature of Parent or Guardian Please Print Parent or Guardian's Name

Address _____ City _____

Province _____



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Photo Release Form

I hereby grant the Cochrane and Area Humane Society ("CAHS") permission to use my likeness and/or my animal(s) likeness in photographs taken over and in the course of my participation in Summer Day Camps at CAHS. I authorize CAHS to use the photographs in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of CAHS and will not be returned.

I hereby authorize the CAHS to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the CAHS' programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my animal(s) likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the CAHS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name.

I HAVE READ THIS RELEASE BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS RELEASE.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

**Please mail, fax or drop off your form with a signed waiver.
We will contact you by email to confirm your registration. Thank you!**

Cochrane & Area Humane Society

62 Griffin Industrial Point, Cochrane, AB - T4C 0A3

Fax: (403) 709-0009 Email: shelter@cochranehumane.ca

All payments are final unless we can arrange to fill the space.

Please call if you have any questions: Phone: (403) 932-2072



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HUMANE SOCIETY**