

Quincy Humane Society

Junior Volunteer Camp

Registration Form 2010



Camper's Information

Full Name: _____
Last *First*

School and grade level in the Fall of 2010 _____

Birth Date: _____

Allergies _____

Medications _____

Parent Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Day Phone: () _____ Alternate Phone: () _____

E-mail _____

Address: _____

Emergency Contact Information

Full Name: _____
Last *First*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Waiver

In case of an emergency or serious illness, I request the Quincy Humane Society to contact me. If the Humane Society is unable to contact me or any other emergency contact, I authorize the Quincy Humane Society to make whatever arrangements deemed necessary in the best judgment of Quincy Humane Society personnel. I authorize the Quincy Humane Society to use my child's name and image for education and public relations purposes.

The undersigned does hereby acknowledge and assumes the risk, on their own behalf and on behalf of their minor child, of participation in any and all activities at QHS or any and all locations where QHS activities take place. I hereby acknowledge that I will release QHS, its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where QHS activities are conducted, of and from all claims which may hereafter develop or accrue to me (or my minor child) on account of injury, loss or damage, which may be suffered by me and/or said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever. I acknowledge and agree that in executing this release there is valid consideration to executing this release.

I give permission to Quincy Humane Society volunteers/staff to transport my child to a field trip to Katherine Road Animal Hospital.

Parent Signature: _____ Date: _____