



## Camp Registration Packet

*We at the Berkshire Humane Society want to ensure that every child has a life enriching experience at Camp Humane. In order to achieve this goal, I have gathered a comprehensive registration packet that I ask you to read and review with your child. It is important that you be honest and truthful about your child's personality traits, and if there are any special needs that we need to discuss before registering your child.*

*I try to make sure that every child has an opportunity to try all activities, and socialize the animals. Please explain that he/she will not always be chosen to go first, but that they will have a turn. We do expect all campers to participate as part of the group. We do not have the staff to supervise campers that would rather not join in with the others.*

*To continue to bring in the variety of animal professionals to make presentations to the campers, we have had to increase the tuition rate for the first time in four years. We do offer a limited number of reduced tuitions and scholarships for those campers in need. We do try and offer the reduced tuitions and scholarships to different campers each year. Please consider a donation in any amount to the camp scholarship fund when you register your own child. BHS does rely on the revenues from Camp Humane, after expenses, to care and feed the homeless animals at the shelter year round.*

*BHS is an open admission shelter which means the subject of Euthanasia may be discussed. We do attempt to explain it in terms appropriate to your child's age group. We also try to make campers aware of many other animal welfare issues. With that said, we thank you again for trusting us to teach your child the kind and humane way to treat animals and for supporting the Berkshire Humane Society.*

Karen Karlberg, Director of Camp Humane

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### Registration Packet Forms Guide

\_\_\_\_\_ # 1. Registration Form

\_\_\_\_\_ # 2. Camper Profile Form

\_\_\_\_\_ #3. Agreement of Terms Form

\_\_\_\_\_ #4. Release/Pickup of Camper Form

\_\_\_\_\_ #5. Audio Visual /Trip Release Form

\_\_\_\_\_ #6. Medical Information Form

\_\_\_\_\_ #7. Heath Care Professional Record Form



Registration Form #1

Intake Date \_\_\_\_\_

2011 Session Schedule

___	<b>Session A</b>	<b>(entering 4<sup>th</sup> gr. 9/2011)</b>	<b>July 11<sup>th</sup> – 15<sup>th</sup></b>
___	<b>Session B</b>	<b>(entering 5<sup>th</sup> gr. 9/2011)</b>	<b>July 18<sup>th</sup> – 22<sup>nd</sup></b>
___	<b>Session C</b>	<b>(entering 6<sup>th</sup> gr. 9/2011)</b>	<b>July 25<sup>th</sup> - 29<sup>th</sup></b>
___	<b>Session D</b>	<b>(entering 7<sup>th</sup> gr. 9/2011)</b>	<b>August 1<sup>st</sup> – 5<sup>th</sup></b>
___	<b>Session T</b>	<b>(entering 8<sup>th</sup> gr. 9/2011)</b>	<b>August 8<sup>th</sup> - 12<sup>th</sup></b>

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female Grade Entering 9/2011: \_\_\_\_\_

**Guardian 1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian 2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Tuition Rates/ Payment**

**Registering camper January 10<sup>th</sup> – April 3<sup>rd</sup> = \$235 (BHS Membership Fee \$35 plus \$200 Tuition fee)**

**Registering camper April 4<sup>th</sup> – June 20<sup>th</sup> = \$250 Tuition Fee**

**Amount paid now \$ \_\_\_\_\_ (Minimum \$50 deposit per child, Balance Due June 20<sup>th</sup>) \$ \_\_\_\_\_**

**Consider a Tax Deductable Donation to the Camp Humane Scholarship Fund \$ \_\_\_\_\_**

**Payment Method Cash: \_\_\_\_\_ Check: # \_\_\_\_\_ CC: \_\_\_\_\_ MC VISA AMEX DISCOVER**

**Card # \_\_\_\_\_ Exp. Date. \_\_\_\_\_ Phone Approval: \_\_\_\_\_**

I have reviewed the Camp Humane Program and determined that it is appropriate for my child. I understand that fees paid by cash, check or credit card are non refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Registration Forms are only accepted with payment and completed Camper Profile Form. Confirmation will be sent by email. Receipts will be available the first day of your child's camp session. Registration is on a first come, first serve basis only. Please call for availability of sessions.



## Camper Profile Form #2

Camper's Name \_\_\_\_\_ Session A (4<sup>th</sup>) B (5<sup>th</sup>) C (6<sup>th</sup>) D (7<sup>th</sup>) T (8<sup>th</sup>)

Has your child attended Camp Humane before? Y/N Year \_\_\_\_\_ School: \_\_\_\_\_

Tee shirt size: Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_

### Camp Activities Note:

We try and plan a balanced camp activity curriculum of (1) Hands on exposure to the shelter animals and other staff pets (2) Exciting education media (3) Craft projects and (4) Professional speakers and demonstrations in the field of animals. We hope that your child will participate in all activities, but realize that not all children may like all the planned activities.

We do expect all camp attendees to be considerate of those campers that do want to enjoy the experiences at Camp Humane. For your child's safety and the well being and safety of the other campers and animals, your child is required to take directions from **all** of the camp staff including the director, assistants, and Junior and senior camp councilors. We also ask that all campers and parents not bring their personal pets to the shelter when dropping off or picking up campers.

Does your family have pets?

Does Your child have a friend or sibling attending the same or a different camp session? Y/N  
Who \_\_\_\_\_ which session \_\_\_\_\_

Does your child enjoy crafts? Y/N Enjoy games? Y/N

Has your child experienced a recent loss of a pet? Y/N If so, please explain



### Agreement of Terms Form #3

**Camper's Name** \_\_\_\_\_ **Session** A (4<sup>th</sup>) B (5<sup>th</sup>) C (6<sup>th</sup>) D (7<sup>th</sup>) T (8<sup>th</sup>)

**Program Activities:** I give permission for my child to participate in all program activities similar to those described in this document and any other marketing materials. I will make sure my child is properly and adequately attired for the activities they will participate in during camp. This includes making sure they have footwear that covers their toes, sides and heels and that their clothes are suitable for using craft supplies like paint and protection against the weather including rain and sun.

**Expectations/Dismissal:** I have informed the Camp Director of any limitations or special needs my child may have and agree to abide by the Directors decision if BHS can accommodate those needs. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the immediate dismissal of the child from the program with no refund. I understand that my child must follow the stated behavior expectations and safety rules and the camp director reserves the right to dismiss any child whose behavior in its judgment interferes with the rights and safety of others or consistently disrupts group dynamics and or activities or puts animals at any risk or harm. In such cases no refund will be given.

**Allergies:** I understand that my child will be exposed to fur bearing creatures on a daily basis and these activities will not adversely affect their health. I also understand that campers will be bringing their own lunches, snacks and beverages daily. And that BHS has no control over food allergens that campers may be exposed to from other campers. I will make sure that the lunches will not require refrigeration beyond an ice pack or will need to be heated or prepared in any manner.

**Sun & Bugs:** I understand that there will be outdoor activities and my child may be exposed to sun, ticks and insects. I will apply sunscreen and insect repellent prior to leaving my child off at camp. I give permission to the camp staff to assist my child in applying sunscreen, repellent or anti-itch cream. I am responsible to do a complete check for ticks upon my child's return home.

**Animal Safety:** I understand that Camp Humane is about introducing children to a variety of pets and wildlife and to teach them the kind and humane way to treat all animals. I agree that in order to keep mine and the other children safe, I will discuss with my child the importance of listening to the instructions of the Camp Director, Assistants, Counselors and staff of BHS. I will help them understand that everyone will get their turn at handling the animals and to be patient for their chance. If any action by a camper jeopardizes the safety and well being of the animals or other campers then the activity will be halted. I understand and agree on behalf of my child that my child shares the responsibility for safety during Berkshire Humane Society Camp Humane Program and I personally assume on behalf of my child that responsibility.

I have read, understand and agree to abide by the terms and policies listed above as well as those found in marketing materials.

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Parent/Legal Guardian Signature

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Printed Name

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Date



## Release/Pickup Form #4

Camper's Name \_\_\_\_\_ Session A (4<sup>th</sup>) B (5<sup>th</sup>) C (6<sup>th</sup>) D (7<sup>th</sup>) T (8<sup>th</sup>)

**In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and give us permission to release him/her**

- **If there are any specific people your child may not be released to please inform the camp Direct in writing.**
- **Give first and last names**

*My Child may be released to the following people (include carpool drivers and those to pick up in an emergency):*

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Emergency Contact Numbers

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell \_\_\_\_\_ Day-Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell \_\_\_\_\_ Day-Phone \_\_\_\_\_

**Release/Pickup Waiver : I understand the release policy as described above and authorize BHS to release my child to the person(s) listed above.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Audio Visual/Off-site Trip Release Form #5

**Camper's Name** \_\_\_\_\_ **Session** A (4<sup>th</sup>) B (5<sup>th</sup>) C (6<sup>th</sup>) D (7<sup>th</sup>) T (8<sup>th</sup>)

The Berkshire Humane Society uses images and sounds of children, presenters and staff participating in programs as a way of documenting the educational and enjoyable experience that have will attending Camp Humane. BHS will not identify my child, or will identify them only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, herby consent to The Berkshire Humane Society photographing, filming and audio visual taping of my child. These may appear in Berkshire Humane Society's websites, advertisements, promotional or informational materials including but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation for these images/or sounds of my child.

*I, the Parent and Legal Guardian of the participating camper, have read, understood and agree to the above Audio visual/Media release and agree to its term and conditions.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**When applicable Off-site Trips:** I give permission for my child to participate in and be transported to any off-site trips as scheduled.

*I, the Parent and Legal Guardian of the participant, have read, understood and agree to the above off-site participation.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Camp-Humane - Medical Information Form #6

**Camper's Name** \_\_\_\_\_ **Session** A (4<sup>th</sup>) B (5<sup>th</sup>) C (6<sup>th</sup>) D (7<sup>th</sup>) T (8<sup>th</sup>)

*You will need to attach a copy of your child's current Health Care Record from a Licensed Medical Professional with the camp registration packet. You can use your child's 2010 school physical record, if it was done 24 months prior to camp. It is acceptable as long as immunization requirements set by Massachusetts Department of Public Healthcare are met. We have provided a form on the next page (Form #7) for your doctor if they do not provide their own. **You do NOT need to use the one we have provided.***

History- Has/Does the Camp Participant:

1. Have frequent stomach aches	Y/N	7. Ever have need for an aide at school	Y/N
2. Have frequent bloody noses	Y/N	8. Currently on an IEP (individualize education plan)	Y/N
3. Have frequent headaches	Y/ N	9. Ever been treated for ADD or ADHD	Y/N
4. Had a seizure	Y/N	10. Have a chronic or recurring illness/condition	Y/N
5. Ever been stung by a bee	Y/N	11. Have a recent injury, illness or infection	Y/N
6. Ever treated for Lyme Disease	Y/N	12. Had asthma/wheezing ( Note type and severity)	Y/N

**Explain any yes answers, noting the number of the question**

To Better Serve your child please shares any information about his/her behavior that we should know about. This includes shyness, socialization difficulties, issues with stress etc...

Medications please list any and all medications that your child is taking and if they need to be taken during camp time. Include dose and time remember all medications should be packed daily with your child's lunch.

BHS is not responsible for lost medications or items and cannot keep any medications overnight.


**Please Note:** You will need to contact the Camp Director before registration if your child has any special emotional or physical conditions, needs or limitations to determine if these can be accommodated.

**All Medical and Personal information provided is kept Confidential**

