



**Berkshire Humane Society ~ 2010 Summer Camp Registration Form**

Please indicate the week of camp your child will be attending:

Session	Dates	Eligible Age	Age	Gr
____ Week A	July 5 - 9	students entering Grade 3 in Sept.	____	____
____ Week B	July 12 - 16	students entering Grade 4 in Sept.	____	____
____ Week C	July 19 - 23	students entering Grade 5 in Sept.	____	____
____ Week D	July 26 -30	students entering Grade 6 in Sept.	____	____
____ Week E	Aug 2 - 6	students entering Grade 7 in Sept.	____	____

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

Mother \_\_\_\_\_ Father \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

\*E-mail address for Camp Communications \_\_\_\_\_

Daytime Phone/Cell # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**Tee Shirt: Adult Small** \_\_\_\_ **Adult Medium** \_\_\_\_ **Adult Large** \_\_\_\_ **Adult XL** \_\_\_\_

**Tuition: 2010 Membership \$35 + (fee) \$160 = \$195** \_\_\_\_ **After 4/5/10 = \$200** \_\_\_\_

Paid by: Check# \_\_\_\_\_ Cash \$ \_\_\_\_\_ Credit Card \_\_\_\_\_

Signature /Authorization \_\_\_\_\_ Exp \_\_\_\_\_

Scholarship/ Reduced Tuition \_\_\_\_\_

Payment Plan: Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_ Amt Due\$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ Date \_\_\_\_\_ Amt Due\$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ Date \_\_\_\_\_ Amt Due\$ \_\_\_\_\_

*Please note: Parents are responsible for outstanding tuition payment. No invoices will be sent. Non-payment of any remaining tuition balance by June 1<sup>st</sup> will mean forfeiting your child's place at camp and no refund of the deposit unless other arrangements have been made.*

**Tuition Fees are non-refundable**

*\*To keep tuition at the same amount: A confirmation letter will be E-mailed to you.*

**The receipt will be given out on the first day of camp. Our Tax ID number is #043-148-018.**

*(Please complete next page)*

*The requested information will be kept confidential. Please be honest.  
The questions are meant as guidance to help us prepare for your child's needs  
and make the program more beneficial for them and the other campers.*

1. Will your child be attending camp with a friend or sibling in the same session? Y/ N \_\_\_\_\_  
a. Will they carpool with another camper? Y /N \_\_\_\_\_

**\*\*I will need a separate list of all persons authorized to transport your child.**

2. Does your child have discipline issues at home or school? Y/ N Explain
3. Does your child have difficulties getting along with other students? Y/N Explain
4. Is your child being treated for **Attention Disorders?** Y/N Explain
- Behavior Issues?** Y/N Explain
5. Does your child have any **Allergies?** Y/N Explain

*Note: Please be aware that your child will have daily contact with fur-bearing creatures.*

6. Are there **Medical Conditions** we should know about? Y/N Explain

*Note: Any prescribed medications must be packed in your child's lunchbox and brought home daily.*

7. Does your family have pets?
8. Is there any additional information or recent events you think we should know about your child?

*Photo release:*

*Please note that we take many pictures and videos of the campers and their activities during all sessions. We would like to ask for your permission to use these photos in BHS promotional materials, our website, newsletter, or future Facebook. Please sign and date if you are in agreement with this request.*

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

*Camp Dismissal:*

*Parents must read the following..... Please be aware that we do not have the necessary staff to properly supervise a child with behavior issues or special needs. If your child has difficulty interacting with others, then for the safety and well-being of the animals, the presenters and the other campers, we cannot accommodate a child with such needs. Continued disruption or behavior problems during camp activities will result in the immediate dismissal from the program.*

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

Berkshire Humane Society ~ 214 Barker Road, Pittsfield, MA 01201 ~ Camp Humane - 2010 Health Form  
A Physician Signed Health Form must be on file at BHS for your child to attend Camp Humane.

THIS SIDE TO BE FILLED OUT and SIGNED BY PARENT/GUARDIAN

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_ Emergency \_\_\_\_\_

Child's health history (check illnesses child has had, with approximate dates):

Frequent ear infections _____	Chicken Pox _____	<b>Allergies:</b>
Heart defect/disease _____	Measles _____	Pet dander _____
Convulsions _____	Rubella _____	Food _____
Diabetes _____	Mumps _____	Insect Stings _____
Bleeding/clotting Disorder _____	Mononucleosis _____	Hay Fever _____
Hypertension _____	Asthma _____	Penicillin _____
		Other drugs _____

Operations or serious injuries (specify dates): \_\_\_\_\_

Disability or chronic recurring illness: \_\_\_\_\_

Taking any medications Y/N explain: \_\_\_\_\_

Will they be taken during the camp program Y/N Instructions: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Food allergies or intolerances: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Medical insurance carrier: \_\_\_\_\_

Parents, please read and sign after the following: *This health history is correct so far as I know, and the child described has permission to engage in all camp program activities except as noted above.*

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

**Emergency authorization:** *I hereby give permission to the medical personnel selected by the Program Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.* Parent/Guardian

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

**THIS SIDE MUST BE COMPLETED AND SIGNED BY PHYSICIAN**

Please note: An actual copy of the Camper's immunization records or check up evaluation can be used instead of this page. Attach it with the completed front of this form.  
The Berkshire Humane Society does not accept camper health records through the internet.

Please record date of basic immunization and most recent booster:

Vaccine	Date of basic immunization	Date of Booster
Diphtheria	1	1
Pertussis DPT	2	2
Tetanus	3	3
or		
Tetanus Diphtheria TD	_____	
or		
Tetanus	_____	
Oral Polio (Sabin) TOPV	_____	
Injectable Polio (Salk)	_____	
Measles _____	Mumps _____	
Rubella (German measles) _____	Other _____	
Tuberculin test given _____	(most recent) _____	

**Health examination by licensed physician:**

I have examined camp program applicant: *child's name* \_\_\_\_\_ Date \_\_\_\_\_

The child's health does \_\_\_\_\_ does not \_\_\_\_\_ preclude participation in an active camp program.

The child is under the care of a physician for the following condition(s): \_\_\_\_\_

Current treatment (including current medications) \_\_\_\_\_

Does child have a seizure disorder? \_\_\_\_\_ Diabetes? \_\_\_\_\_

**Recommendations and restrictions while in Camp Program:**

Any treatment to be continued at camp program: \_\_\_\_\_

Any medication to be administered at program (specify drug and dosage): \_\_\_\_\_

Any dietary restrictions: \_\_\_\_\_

Any allergies (food, drugs, plants, insects, animals, etc) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone # \_\_\_\_\_