



Office Use Only:
Date Rcvd.: _____
Payment Amt.: _____

Kids Halloween Workshop 2019

Participant First & Last Name: _____

Parent (s) First & Last Name: _____

Day Phone: _____ Evening Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email (s): _____

Most correspondence, including a reminder email, will be sent via email.

Participant Date of Birth: ____/____/____ Age (at time of event): _____

Male Female (please circle) How did you hear about this Event? _____

Emergency Contact (other than guardian (s) listed above):

Name: _____

Phone: _____ Relation: _____

Please list any allergies and medication/behavioral considerations (allergies, special supervision needs, medications brought with them to event, etc.)

Please print the names and phone numbers of anyone else authorized to pick up your child (including grandparents, babysitters, other camper's parents, etc.) **Only people listed on this application will be allowed to pick up your child:**

_____ (_____) _____

_____ (_____) _____

_____ (_____) _____

(FLIP OVER)

Parent Authorization for a Minor

I hereby state that the above named child has permission to engage in all activities, except those noted by a physician in writing to Whatcom Humane Society. Should Whatcom Humane Society personnel deem it necessary for my child to have medical care while participating in the Kids Halloween Workshop (the "Event") and such personnel is unable to contact me despite reasonable attempts to do so using the above contact information, I hereby give Whatcom Humane Society personnel permission to use their judgment in obtaining medical care for my child as my agent, and I give permission to the physician selected by Whatcom Humane Society to render medical care deemed necessary and appropriate by the physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the Whatcom Humane Society to give reasonable care. **Initial** _____

Release Statement

I hereby give my full consent for the above named child to participate in all activities (including interaction with animals) during the Event on Whatcom Humane Society property unless otherwise noted in writing and in attachment to this release. **Initial** _____

If my child should become a disciplinary problem and, by doing so, my child seriously affects the quality of the Event for other participants, in the opinion of Whatcom Humane Society personnel, I agree to pick up my child from the Event, however inconvenient it may be. **Initial** _____

I hereby give my full consent for photographs of my child to be taken during the Event's activities and such photos may be used for purposes of promoting the Humane Education program. **Initial** _____

Indemnity

I hereby agree to indemnify, defend, and hold harmless the Whatcom Humane Society and its officers, directors, employees, donors, volunteers, and agents from and against all liability, loss, damages, or expense, including reasonable attorney's fees, resulting from injury to any person, including death, or damage to any property, which either directly or indirectly results from my child's participation in the Event. **Initial** _____

Enrollment Information

Due to limited enrollment, Whatcom Humane Society will accept all eligible registration forms on a first come, first served basis. Only children ages 6 through 9 at the time of the Event are eligible. It is the parent/guardian's responsibility to deliver and pick up the above named child to and from the Event in a timely manner. The Event is from 12 pm to 3 pm on October 19th, 2019 at Whatcom Humane Society. **Initial** _____

A registration fee of twenty dollars (\$20) is due together with this application prior to the Halloween Workshop on 10/19/19. A reservation will not be made for your child if full payment is not received together with this application. There will not be any reduction in fees or discount provided for any absence, delay, or early dismissal of your child. There is no refund. **Initial** _____

Acceptance

I have read and understand the above terms and conditions and I agree to be bound by such terms and conditions.

Signature of Parent/Guardian: _____

Date: _____