

ANIMAL ADVENTURES APPLICATION

Please provide the following information completely and legibly.

Please be sure to complete a **separate application for each child.**

Which session are you registering for:

_____ July 5-9.....Ages: 9-12 yrs.
_____ July 12-16Ages: 6-8 yrs.

Child Information

Name: _____

Address: _____

_____ (City) (State) (Zip)

Phone: _____

Age: _____

Grade attending in fall 2010: _____

Date of Birth: _____

Medical Information

Any Allergies? Yes / No (Please list)

Any Medications? Yes / No
Please list any medications & notify Lori Swanson, Education Manager, if your child needs to take any medication while at the Animal Adventures program.

Any special needs or medical conditions that we should be aware of?

Primary Care Physician

Name: _____

Phone: _____

Emergency Contact Information

In the event of an emergency, we will contact parents/guardians first. Please be sure parent/guardian information is detailed and accurate.

Parent/Guardian to notify first:

Parent/Guardian Address:

_____ (City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Secondary Contact:

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Alternate Contact:

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Drop-off and Pick-up Procedures

1. If anyone *other than those listed* in the Animal Adventures application is to pick up my child, I need to notify the Dakin Pioneer Valley Humane Society and supply the educational staff with the name of the authorized adult.
2. Program hours are Monday through Friday 9am – 3pm.
3. Parents/Guardians must escort their children into the Springfield Adoption and Education Center and sign them in at 9 am.
4. Children should be picked up at the Adoption and Education Center at 3 pm and signed out daily.
5. ***The Dakin Pioneer Valley Humane Society will not be responsible for any child/children not checked in!***
6. *Children will be released only to the persons whom the parent or guardian has designated on the program registration form.*
7. *These persons will be asked to show proper identification at the time of pick-up.*
8. *Your child/children needs to be signed out by the parent/guardian or the persons who have been designated on the program registration form.*
9. Please notify the Dakin Pioneer Valley Humane Society if your child is going to be late or absent from the program. Call (413) 781-4000 ext. 112.
10. May we release your child/children to their non-custodial parent(s)? **YES / NO**
 - a. If yes, write the name of the non-custodial parent: _____
 - b. *We must have custodial divorce release papers reflecting your request if we are keeping a child from being released to the non-custodial parent.*
 - c. *Please attach custodial divorce papers to this form.*
11. I hereby authorize the Dakin Pioneer Valley Humane Society to release my child/children to the following person(s):

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Please read the following statement and sign in the space provided.

I do hereby give the staff of the Dakin Pioneer Valley Humane Society (DPVHS) permission to seek medical attention for my child from the nearest hospital. I designate the staff of the DPVHS to act on my behalf in seeking medical attention and any other issues involving the welfare of my child. I understand that every attempt will be made to contact me. By my signature and of my own free will I represent that I am the parent/guardian of the child and that all information provided above is true. I agree to the terms and conditions set out above, and that I do hereby release and agree to indemnify and hold harmless the Dakin Pioneer Valley Humane Society from any and all claims and demands, costs or expenses arising out of any injuries or damage sustained by the child or me.

As the parent/guardian of a child participating in the DPVHS Animal Adventures, I understand the risks involved in being with any animal, including the risk of personal injury. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Dakin Pioneer Valley Humane Society, Inc., its agents, servants and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney’s fees incurred by the Dakin Pioneer Valley Humane Society, Inc., in connection with the same, based on damages or injuries which may be incurred, or sustained by my child in any way connected with the Dakin Pioneer Valley Humane Society, Inc., including, but not limited to, animal bites, accidents or injuries.

I give my consent for my child to be transported by van or bus from the Dakin Pioneer Valley Humane Society Adoption and Center to field trip locations in the Pioneer Valley. I understand that if I would like my child to use a booster seat during transportation that I will provide one on a daily basis.

I give my consent to have my child’s photograph taken for the purposes of Dakin Pioneer Valley Humane Society publications or media publications.

Signature: _____

Date: _____

<p>Fee: \$285 Deposit: \$100 Deposit due by: June 4th, 2010 Please make checks payable to: DPVHS Payment must be received in FULL prior to the start of the program.</p>	<p>If you have questions please contact Lori Swanson at: lswanson@dpvhs.org or (413) 781-4000 ext. 112 Return application AND deposit to: Lori Swanson, Education Manager 171 Union St. Springfield, MA 01105</p>
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