



PAWS AND CLAWS CAMP

2014 Paws and Claws Camp Application

****Due to the limited capacity of this camp (12 children) we cannot guarantee admission to all who apply. You will be notified by phone or e-mail of your admission status. *Please turn in camp fee with application.***

Camp Sessions:	June 2-6	7-9 year olds	1:00-5:00 PM	Fee	\$150	_____
	June 9-13	10-12 year olds	1:00-5:00 PM	Fee	\$150	_____
	July 7-11	7-9 year olds	1:00-5:00 PM	Fee	\$150	_____
	July 14-18	10-12 year olds	1:00-5:00 PM	Fee	\$150	_____
	August TBA	8-11 year olds	1:00-5:00 PM	Fee	\$150	_____



Journey's Fund

provides financial assistance for children who would otherwise be unable to attend MCHA camps and classes.

In memory of Journey
MCHA "Animal Ambassador"
from Feb 2001-March 2011

Donation to Journey's Fund: \$_____

Total Payment enclosed: \$_____

Cancellation Policy: Refunds minus a \$25.00 cancellation fee will be provided if notice is given at least two weeks prior to the start of the camp session.

Camper Information

Child's name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date of Birth: _____

T-shirt size: ☐ Child Sm. ☐ Child Med ☐ Child Large ☐ Adult Sm. ☐ Adult Med ☐ Adult Large

Please submit application with full payment to:

MCHA Paws and Claws Camp
P.O. Box 1334
Bloomington, IN 47402-1334

Questions? Please contact:

Sarah DeLone
MCHA Education Program Director
812-335-9453 or
sdelone@monroehumane.org

Parent/Guardian Information

Names(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

E-Mail: _____

Paws & Claws Camp Policy Agreement

During the Paws & Claws Camp at the MCHA, your child will engage in various activities that involve live animals. It is helpful to know in advance of any fears or apprehensions that our campers may have. This will in no way affect your child's admittance to camp.

Is your child afraid of dogs, cats or other animals?	Yes	No
If yes, please describe: _____		

Has your child ever suffered an animal bite?	Yes	No
If yes, please describe: _____		

Please read the following policies and initial if you agree.

___ **Spay/Neuter, Animal Abuse, and Euthanasia Discussions:** MCHA promotes spay/neuter of all cats and dogs to limit pet overpopulation. Please be aware that during camp your child will be involved in discussions regarding euthanasia, animal abuse/neglect and the spaying and neutering of animals. These discussions will be handled in a way that is age appropriate, however, if you would prefer that your child not be involved in these discussions, **please notify us prior to the first day of camp.**

___ **Dress code:** By initialing, you agree that your child will come to camp wearing closed-toe, full-coverage tennis shoes, well-fitted long pants or shorts and a sleeved shirt (no tank tops). This is necessary for your child's safety. You may send a change of clothes in case your child gets dirty when interacting with the animals.

___ **Heat Safety:** We recommend that your child bring a refillable water bottle. Sunscreen and a brimmed hat are also encouraged.

___ **Behavior:** MCHA reserves the right to dismiss any child from summer camp at any time for inappropriate behavior, including but not limited to repeated failure to follow instructions, offensive or inappropriate language, and abuse of any kind toward an animal, other child, or staff member.

Paws & Claws Camp Policy Agreement (page 2)

___ **Absentee/Illness:** If your child is unable to attend camp for any reason, please notify the camp staff at (812) 335-9453 before 11:30 am the morning of the absence.

___ **Daily Sign-In:** You are required to sign your child in and out at the beginning and end of each camp day. If you have not signed your child in, he/she will be ineligible to participate in camp activities.

___ **Late Pick-Up:** You must pick up your child within 15 minutes of the end of the session each day. There is no after-care program available at MCHA. If you know you will be late, you must make other arrangements for on-time pick-up.

___ **Child Release:** By initialing, you acknowledge that you understand that your child will be released only to those persons listed on the Emergency and Medical Information Form, regardless of circumstances. The MCHA camp staff will require proof of identification from any persons arriving to pick up your child.

___ **Illness:** If your child should become ill during the day, we will notify you and/or the Emergency Contact Person listed on the Medical Form. If your child becomes seriously ill or is injured and requires immediate medical care, MCHA staff will call 9-1-1 and then render appropriate first-aid if possible.

___ **Field Trips:** Paws & Claws Camp includes trips between the Bloomington Animal Shelter and Canine Companions, across the street from the shelter. Campers will walk between the facilities with MCHA staff supervision.

___ **Photo/Video Release:**

I, _____ give the Monroe County Humane Association permission to use names [___ yes ___ no], photographs and videotapes of my dependent, _____, for promotional, fundraising, and educational purposes and programs to promote the welfare and respect of all animals. I hereby release the Monroe County Humane Association, their officers, directors, and agents from all liability and financial obligations related to the use of any photographs or videos of myself or my dependents.

By signing below, you understand and agree to abide by all conditions outlined.

Parent/Guardian Signature: _____ **Date:** _____

Paws & Claws Camp

Emergency & Medical Information

IMPORTANT! No one other than a parent/guardian or authorized representatives may pick your child up from camp. Please print the name(s) of other authorized representatives below, including any adults with whom your child may be carpooling.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

The following person(s) may NOT remove my child from the MCHA Paws & Claws Camp:

Name: _____

Name: _____

Parent/Guardian Signature: _____

Medical Information (Please Print)

Does your child have any dietary restrictions, or is your child allergic to any food or other substances? If so, name food or substances to avoid and the procedure to follow if reaction occurs:

Is your child usually susceptible to infections and if so, what precautions need to be taken?

Is your child subject to convulsions and if so, what procedures should be followed if one occurs?

Are there any physical conditions that we should be aware of, and if so, what precautions should be taken (heart trouble, asthma, hearing impairment, etc.)?

Does your child need any medication during camp hours? Please describe.

Other special instructions:

My child's doctor is: _____ Phone: _____

I/we have read and understand the attached information and give permission for MCHA staff and volunteers to care for my/our child during the MCHA Paws & Claws Camp. I/we certify that my/our child is currently up-to-date on his/her immunizations.

Parent/Guardian Signature: _____ **Date:** _____

**MONROE COUNTY HUMANE ASSOCIATION PAWS AND CLAWS CAMP
PARENTAL PERMISSION SLIP AND RELEASE FORM**

WHEREAS, my child, _____, wishes to participate in the Monroe County Humane Association Paws and Claws Camp from June 2-6, June 9-13, July 7-11, July 14-18 and/or August 1-15, 2014 in order to learn about and better understand domestic and wild animals; and

WHEREAS, parts of Paws and Claws Camp will occur on property owned and operated by the City of Bloomington; and

WHEREAS, participating in the Paws and Claws Camp will involve interaction with a variety of animals on the City of Bloomington's property; and

WHEREAS, said animals will be owned, associated with or controlled by the following: City of Bloomington Animal Shelter, Monroe County Humane Association, Pet Partners, Canine Companions and any other entity or organization deemed appropriate by the Monroe County Humane Association; and

WHEREAS, the City of Bloomington wishes to cooperate in this endeavor;

THEREFORE, in consideration for the City of Bloomington's cooperation in permitting my child to participate in the Paws and Claws Camp, I agree to the following:

1. To permit my child to participate in Paws and Claws Camp. Participation includes, but is not limited to, contact with animals such as dogs, cats, rabbits, snakes, horses and ferrets and observation of birds. Contact may include, but is not limited to, the following: brushing of animals, petting animals, playing with animals, feeding animals and building enrichment enclosures for animals;
2. To release and hold harmless the City of Bloomington, and its employees, officers and agents for any claim or claims which might arise out of any incident connected with or in any way related to my child's participation in the Paws and Claws Camp, including claims for personal injury, property damage, or any other type of harm or injury, whether such claim might be brought by my child, myself, or by any other party. I understand this release binds my child, myself, my spouse, and all heirs, executors and administrators of those individuals.
3. To release and hold harmless the Monroe County Humane Association, and its employees, officers, and agents for any claim or claims arising out of any incident connected with or in any way related to my child's participation in Paws and Claws Camp, including claims for personal injury, property damage, or any other type of harm or injury, whether such claim might be brought by my child, myself, or by any other party. I understand this release binds my child, myself, my spouse, and all heirs, executors and administrators of those individuals.
4. To release and hold harmless Canine Companions Inc., and its employees, officers, and agents for any claim or claims arising out of any incident connected with or in any way related to my child's participation in Paws and Claws Camp, including claims for personal injury, property damage, or any other type of harm or injury, whether such claim might be brought by my child, myself, or by any other party. I understand this release binds my child, myself, my spouse, and all heirs, executors and administrators of those individuals.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, AND WITH THE INTENT TO BE BOUND BY IT.

Signature of Parent

Date

Printed Name of Parent

Telephone Number(s)

Address

In case of emergency, contact: _____
Name and Telephone Number