



2014 Spring Break Class Application

****Due to the limited capacity of this class (10 children) we cannot guarantee admission to all who apply. You will be notified by mail or e-mail of your admission status. *Please turn in class fee(s) with application.***

Class Time:

Pets and Me

Monday, March 17 3:00-5:00 PM Grades K-2 _____

Tuesday, March 18 3:00-5:00 PM Grades 3-5 _____

Fur, Feathers and Scales

Thursday, March 20 3:00-5:00 PM Grades K-2 _____

Friday, March 21 3:00-5:00 PM Grades 3-5 _____

Class Fee: \$25

Donation to Journey's Fund: \$ _____

Total Enclosed: \$ _____



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

Cancellation Policy: Refunds minus a \$10.00 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: _____

Parent/Guardian Information

Names(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

E-Mail: _____

Questions? Please contact:

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

Please submit application with full payment to:

MCHA Winter Break Class
P.O. Box 1334
Bloomington, IN 47402-1334

Spring Break Class Policy Agreement

During classes 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.

___ **Dress code:** By initialing, you agree that your child will come to class 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.

___ **Behavior:** MCHA reserves the right to dismiss any child from class 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.

___ **Daily Sign-In:** You are required to sign your child in and out at the beginning and end of each class.

___ **Late Pick-Up:** You must pick up your child within 15 minutes of the end of the session. 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.

___ **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:** _____

**MONROE COUNTY HUMANE ASSOCIATION Spring BREAK CLASS
PARENTAL PERMISSION SLIP AND RELEASE FORM**

WHEREAS, my child, _____, wishes to participate in the Monroe County Humane Association Spring Break Class March 17, 2014 – March 21, 2014 in order to learn about and better understand domestic and wild animals; and

WHEREAS, parts of Winter Break Class will occur on property owned and operated by the City of Bloomington; and

WHEREAS, participating in the Winter Break Class 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, Delta Society 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 Winter Break Class, I agree to the following:

1. To permit my child to participate in Winter Break Class. 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 Winter Break Class, 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 Winter Break Class, 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