# DOROTHY H. O'CONNOR PET ADOPTION CENTER

## CAMPER INFORMATION

**Check the desired session to attend:**

☐ **June 8-11** ☐ **June 15-18**

☐ **June 22-25** ☐ **July 6-9** ☐ **July 13-16**

Child's Name: _____ Age: _____

Parent's Name: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ ST _____ Zip: _____

Email Address: _____

Please list any medical or special needs, allergies or limitations:

_____

Is your child allergic to ANY animals? _____

Does your child have peanut allergies? _____

Two Emergency Contacts/Relationship:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone #1: _____ Phone #1: _____

Phone #2: _____ Phone #2: _____

**T-Shirt Size:** (Please Circle One) **Youth:** Medium Large

**Adult:** Small Medium Large X-Large

**Legal Information**

**In consideration of being allowed to participate in the DOCPAC Camp K9, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:**

I, _____ the parent/legal guardian of _____ the participant(s), do recognize that as part of the participant(s)' attendance at the day camp, he or she will be in contact with and may be allowed to hold and pet animals. I understand there is a chance that the participant(s) may contract a disease or illness in handling the animals. **I will not hold DOCPAC responsible for any illness that may be transmitted to your own pet(s).** I also understand that there is a chance that the participants may sustain a scratch or bite while handling the animals. I understand that the above is illustrative of the types of risks involved in participating with day camp, but is not a complete list of possible risks. I, on behalf of myself and the participants, knowingly and freely **assume all such risks, both known and unknown, even if arising from the negligence of others;** and, by signing my name below, I, for myself and the participant(s) do hereby absolutely and unconditionally **release and discharge the Dorothy O'Connor Pet Adoption Center** including its employees, successors, assigns, directors, officers, and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising out of participant(s)' participation with the Dorothy O'Connor Pet Adoption Center's Day Camp. In case of injury to my child, I request the Dorothy O'Connor Pet Adoption Center to contact me. If the Dorothy O'Connor Pet Adoption Center is unable to reach me or the emergency contact, I authorize the Dorothy O'Connor Pet Adoption Center to make whatever arrangements deemed necessary.

**I certify that I am the above child's legal parent or legal guardian: YES NO**

**I authorize the Dorothy O'Connor Pet Adoption Center to use my child's name, photograph, and video image for public relations both in their newsletter, facebook and on the website www.docpac.net: YES NO**

_____ _____

***Parent/Guardian's Signature*** ***Date***