



SHARE THE LOVE. ADOPT A FRIEND.
HUMANE SOCIETY
 SPCA of Bexar County



2008 Registration

Week-Long Camps (check one by age group) **\$225** per camper, includes lunch and snacks daily. Limit 48 campers per session.

Camp I – Ages 8-10, June 16-20, 2008 **Camp II – Ages 11-13**, July 21-25, 2008 **Camp III – Ages 8-13**, August 4-8, 2008

Camper's Name: _____ Age: _____ Gender: _____

Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell/Work Phone: _____

Parent/Guardian's Name: _____

Parents e-mail address: _____ Regular Diet Vegetarian Diet

Pet Allergies/Medical Information: _____

Waiver Statement

1. I understand that part of the camp's program is teach young people how to handle animals and that every precaution is made for my child's safety and well-being. Whenever working with animals, I know there is always a risk of injury. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the HS/SPCA, its agents, servants, and employees, from any and all claims, causes of action, or demands or injuries which may be incurred or sustained by my child in any way, including but not limited to animals bites, accidents, or injuries. _____ (initial here)

2. If camp has to be cancelled, the following refund policy applies:
 ►Full refund, 10 working days before first day of camp. _____ (initial here)
 ►80 percent refund, two working days before camp begins. _____ (initial here)
 ►No refund after Friday 4 p.m. before first camp date. (NOTE: Medical emergencies with documentation will be refunded at 80 percent. Monies may be refunded (80 percent) if the camper's space can be filled before the first day of camp. _____ (initial here)

I hereby allow HS/SPCA to use any photos taken of my child in promotional materials. I understand that my child's name will not be used in conjunction with the photo. _____ (initial here)

Method of payment: Visa/MasterCard number: _____ Exp. Date: _____

Check Number: _____

Signature (parent/guardian): _____ Date: _____