

Home Phone (If Different from Camper) _____ Cell Phone _____

Work Phone _____ Email Address: _____

D. L. Number and State: _____ Place of Employment: _____

Emergency Contact Information

Emergency Contact: _____ Name & Phone Number	Relation: _____
Emergency Contact: _____ Name & Phone Number	Relation: _____
Emergency Contact: _____ Name & Phone Number	Relation: _____

I hereby authorize that the Humane Society of Hall County can release my child/children to the following person(s). Driver's License Number and Phone Number is Required.

Name: _____ D.L. Number: _____ Phone Number: _____

Name: _____ D.L. Number: _____ Phone Number: _____

If anyone other than those listed above is to pick up my child, please notify the Humane Society of Hall County, and supply the staff with the Name and Drivers License Number of the authorized adult.

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**Pet P.A.L.S. Summer Camp Procedures and Medical Policy Agreement**

**Sign In/Sign Out Procedures**

- Parents/ Guardians must escort their child/children to the Sign-In Table. Please do not drive up and let your child/children walk into the facility alone.
- The Humane Society of Hall County (HSHC) will not be responsible for any child/children not checked in.
- Campers will be released only to those persons whom the parent or guardian has designated on the Program Registration Form. These persons may be asked to show proper identification at the time of pick-up.
- Your child/children needs to be signed out by the parent/guardian or the persons who have been designated on the Program Registration form.
- Please notify the Humane Society of Hall County if your Camper is going to be absent.

**Initials of Parent/Guardian that you have read the Above Information: \_\_\_\_\_**

## Refund Policy

Full Refunds will only be returned if the parent/guardian calls the Education Coordinator to cancel, submits their request in writing, and the child has not attended camp dates. Monetary refunds will be based on a sliding scale after that, depending on how many days the child has attended and submits a letter in writing asking for a refund. All parents/guardians requesting refunds must call the Education Coordinator, and submit their request in writing to:

Pet PALS Summer Camp/ Humane Society of Hall County  
845 West Ridge Road  
Gainesville, GA 30501  
[kellyuber@humanesocietyhallcounty.com](mailto:kellyuber@humanesocietyhallcounty.com)

## Illness

If a child is sick with a communicable disease or with a fever, we ask that the child not attend Pet P.A.L.S. for that day. Refunds will be issued if the camper is not able to attend any of the camps dates.

## General Pet P.A.L.S. Summer Camp Rules

- ✓ Please, all hands, feet, and objects to yourself
- ✓ Never go anywhere without your Pet P.A.L.S. instructor
- ✓ Please respect all HSHC staff and Pet P.A.L.S. campers by showing respect, and responsibility to yourself and your actions.
- ✓ Please respect all HSHC animals. Abusive behavior is intolerable, and any Pet P.A.L.S. camper displaying demeaning actions toward HSHC animal will be immediately and permanently dismissed, with no refund issued.

## Consequences of Breaking Pet P.A.L.S. Rules

- ✓ First Time: Warning and discussion, a clear message
- ✓ Second Time: Age appropriate "Time Out" will be used
- ✓ Third Time: Repeat "Time Out" and phone call/discussion with Parent/Guardian
- ✓ Issue Continues: Persistent problems or situations that endanger the child, other club members in the program, or HSHC animals will result in termination from the program.
- ✓ In the event of termination from the program, the parent/guardian will be notified personally. The day of such notification will be the last date the child is allowed to attend. There will be no refund issued with type of termination.

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Signature of Camper

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Signature of Parent

## LIABILITY RELEASE, INDEMNIFICATION, AND MEDICAL RELEASE

I am aware of the nature of this activity and I hereby assume responsibility for my child \_\_\_\_\_, to participate in the Pet P.A.L.S. program. I understand that such participation may include being photographed for publicity or fundraising purposes. I understand that participation in the Pet P.A.L.S. program can result in bodily injury to my child, including, but not limited to cuts, scrapes, or bites. Humane Society of Hall County staff will notify me immediately if any serious injury is to occur. I will not hold the Humane Society of Hall County and/or its Board of Directors, employees, agents, and volunteers responsible in the case of accident or injury as a result of my child's participation in the Pet P.A.L.S. program and its related activities. Such indemnification shall include, but not limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claim. In situations which are true emergencies and only when I cannot be reached immediately, I authorize a representative of the Humane Society of Hall County, Georgia to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the

administration of drugs to my child if an emergency occurs when I cannot be located immediately. I will not hold the Humane Society of Hall County and/or its Board of Directors, employees, agents, and volunteers responsible for injuries or damages sustained by my child as a result of the immediate medical care. I understand that I am responsible for payment of medical expenses.

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Physician/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release Refusal:**

The Humane Society of Hall County **MAY NOT** photograph or videotape my child for promotional and/or public education purposes.

Please Sign Above \_\_\_\_\_ Date \_\_\_\_\_

**Summer Camp Fees: \$150 per Camper** (Includes T-Shirt, leash, clicker, and crafts)

**Please Return Form with Payment to:**

Pet P.A.L.S. Summer Camp/ Humane Society of Hall County  
845 West Ridge Road, Gainesville, GA 30501

\_\_\_\_\_ Check Enclosed Please Charge My \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV# (On Back): \_\_\_\_\_

Please Make Checks Payable to: The Humane Society of Hall County

**FOR OFFICE USE ONLY**

\_\_\_ Cash \_\_\_ Check \_\_\_ Credit Receipt # \_\_\_\_\_ Staff: \_\_\_\_\_