

# SAFETY PROCEDURES

**PLEASE STAY HOME IF YOU HAVE A TEMPERATURE OR FLU-LIKE SYMPTOMS.**

## DROP OFF / PICK UP

- Drop-Off time: **8:50AM** and Pick-Up time: **3PM**
- **Early Drop-Off: 8AM** and **Late Pick-Up: 4:30PM**
- **Campers MUST stay in the car until they are collected by a counselor.**
- **Campers will have their temperature taken and a verbal acknowledgement of being healthy before entering camp each day.**

## ATTIRE & CAMPER ITEMS

- Masks are required at all times while indoors.
- Sneakers/Shoes MUST cover the toes, sides of feet and heels (state licensure requires it).
- Clothing should be suitable for doing craft projects, such as painting.
- Weather related apparel may be necessary, as we go outside rain or shine.
- Field trips may require special clothing or shoes - you will be notified when they are necessary.
- Campers must keep their personal belongings **ONLY** in their designated spaces.

## LUNCH

- We have no control over **food allergens** that your child might encounter. Please be vigilant to inform us of allergens so we can seek medical attention if something should happen.
- Refrigeration is not available, please use an ice pack if necessary.

## CELL PHONES

- Children are allowed to have **cell phones to use as cameras** during animal presentation. Otherwise, cell phones are to be left in backpacks during the day.

## FUR

- Your child will be exposed to **fur** on a daily basis. Please medicate accordingly, if necessary.

## SUN & BUGS

- Please apply **sunscreen & bug spray** to your child before coming to camp. We do offer generic sunscreen & bug spray for reapplication if necessary.
- Pack any special creams or repellents with your child.
- Kids will be exposed to sun and possibly ticks and other insects. Please do a thorough check each day after camp.

## SAFETY

- If your child jeopardizes the **safety and well-being** of any shelter animals or fellow campers, then the Camp Director reserve the right to dismiss your child.

**I have read, understood and discussed with my child the safety procedures for Camp Humane:**



Please fill out the ENTIRE packet and return to:  
Camp Director, *Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201*  
or fax to 413-443-3347. **Registration is ONLY secured with a non-refundable 50% deposit.**

Please email for session availability: [aking@berkshirehumane.org](mailto:aking@berkshirehumane.org)

Sessions dates are based upon the grade the student is entering in the Fall of 2021.

**SESSIONS**

Cost: \$300 lunch NOT included  
Full Day: 9AM to 3PM  
12 Campers  
Eligible for early drop off / late pick up

**JULY 19 – JULY 23**  
**GRADES 3 & 4**

**JULY 26 – JULY 30**  
**GRADES 4 & 5**

**AUGUST 2 - AUGUST 6**  
**GRADES 5 & 6**

**GOLD WEEK**

Cost: \$450 includes lunch **on last day only**  
Full Day: 9AM to 3PM  
ONLY 8 Campers  
Eligible for early drop off / late pick up  
Includes last day party, multiple field trips  
and exclusive crafts.

**AUGUST 9 - AUGUST 13**  
**GRADES 6 - 8**

*\*This week is full as of 6/4/21  
Please do not check this week  
unless you have confirmation that  
your child is registered*

**EARLY DROP-OFF & LATE PICK-UP**

Early Drop-Off starts at 8AM  
Late Pick-Up ends at 4:30PM

Either Early or Late: \$50  
Both Early and Late: \$100

EARLY DROP-OFF:

LATE PICK-UP:

**CAMPER INFORMATION**

Please complete all of the information for your child's registration to Camp Humane.

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Sept. 2021 Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_ Do you have friends attending this camp?: \_\_\_\_\_

T-Shirt Size: Please check box the appropriate size.

- \_\_\_\_\_ Child Small
- \_\_\_\_\_ Child Medium
- \_\_\_\_\_ Child Large
- \_\_\_\_\_ Child XL

- \_\_\_\_\_ Adult Small
- \_\_\_\_\_ Adult Medium
- \_\_\_\_\_ Adult Large
- \_\_\_\_\_ Adult XL

**GUARDIAN INFORMATION**

Please complete all of the contact information below as it will be used for EMERGENCIES.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**MANDATORY FOR ALL CAMP INFORMATION.**

Registration rates are based on time of year. Registration is on a first come, first serve basis.

**PAYMENT INFORMATION**

Payment can be made through cash, check or credit card. Checks can be made out to Berkshire Humane Society. In order to secure a spot, you must place a **50% NON-REFUNDABLE DEPOSIT** on that session of camp.

**CASH**       **CHECK**       **CREDIT CARD**

*If you're paying by credit card, please email Alexis for a private link at [aking@berkshirehumane.org](mailto:aking@berkshirehumane.org).*

TUITION: \_\_\_\_\_

EARLY DROP-OFF / LATE PICK-UP FEE: \_\_\_\_\_

TOTAL: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

BALANCE: \_\_\_\_\_

**BY SIGNING, I UNDERSTAND THAT FEES PAID BY CASH, CHECK OR CREDIT CARD ARE NON-REFUNDABLE.  
PAYMENT IN FULL IS DUE BY JULY 12<sup>TH</sup>**

Receipts will be available the first day of your child's camp session.

## **CAMP DESCRIPTION**

Berkshire Humane Society (BHS) has planned a balanced and fun curriculum for Camp Humane. It includes:

- Hands-on exposure to the shelter animals and other staff pets,
- Exciting education media,
- Field trips,
- Professional speakers and demonstrations in the field of animals and
- Craft projects.

BHS's goal is to ensure that every camper has a life-enriching experience. In order to achieve this goal, please read and review the following with your child:

- We expect all campers to participate in all activities and *remain as part of the group*. We do not have the staff to supervise campers who would rather not join in with the others. If a child is unwilling to participate consistently, the Camp Director will contact the parent/guardian directly to come up with an appropriate solution.
- For the safety of the campers as well as the animals, we require that all campers listen to and take directions from all the camp staff including the directors, assistants, and junior counselors. If any camper misbehaves during shelter time with the animals, the entire group of campers may lose the privilege of socializing or working with the animals.
- We expect all campers to be considerate and respectful of other campers and staff.
- BHS is an open admission shelter which means that the subject of euthanasia may be discussed. We also will be talking with campers about other animal welfare topics. We do attempt to explain all issues in language appropriate to your child's age group.
- **Please do not bring your personal pets to the shelter when dropping off or picking up your child as it disturbs the shelter animals.**
- We reserve the right to dismiss any camper whose behavior jeopardizes the safety and well-being of other campers, staff, or the animals. In such cases, no refund will be given.

**I have read and understood the description of the Camp Humane program  
and determined it is appropriate for my child.**

**PARTICIPATION AGREEMENT**

Please read carefully before signing.

I, the Parent/Guardian, acknowledge that I voluntarily and willingly permit my child to participate in Camp Humane at Berkshire Humane Society.

I fully understand and acknowledge that certain elements of Camp Humane may be potentially hazardous for my child and that he/she may face the risk of accidental and or/other injury. These risks include, but are not limited to, falls and collisions with other persons; animal bites and scratches; and travel to and from field trips. I understand and assume any and all risks associated with my child's participation in Camp Humane.

I attest that my child is sufficiently physically and emotionally fit to participate in all Camp Humane activities.

I do hereby affirm that I have adequate medical insurance to cover any injuries to my child that may result from his/her participation in Camp Humane. I understand that no insurance coverage exists through Berkshire Humane Society to cover any claims that may arise out of my child's participation in Camp Humane.

I, for myself and my personal representatives, heirs, and assigns, do hereby hold harmless and release, waive, and forever discharge Berkshire Humane Society, its successors, assigns, and other legal representatives, and its officers, trustees, agents, employees, and students from, and against any and all claims, demands, and actions, or causes of action, on account of any damage to my child's personal property, personal injury, or death which may result from his/her participation in Camp Humane, even though the claim or liability may arise out of the negligence or carelessness on the part of Berkshire Humane Society, or any third person, whether foreseen or unforeseen, known or unknown.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

**I further state that I have carefully read the foregoing release and waiver of liability, know the contents thereof, and agree to sign this release and waiver of liability as my own free act and deed.**

## MEDICAL HISTORY OF CAMPER

Please contact the Camp Director, if your child has any special emotional or physical conditions, needs, or limitations so that we may accommodate him/her. Failure to contact us will only impede your child's camp experience.

Please circle YES or NO for each of these conditions. It is important that our campers be safe in their environment. Filling out our medical history thoroughly and honestly will allow Camp Humane to ensure your child's safety.

### THE MORE YOU TELL US ABOUT YOUR CHILD, THE BETTER WE CAN ACCOMMODATE YOU.

Chronic or recurring illness/condition?	Y	N	Diabetes?	Y	N
Recent injury, illness, or infection?	Y	N	Seizures?	Y	N
Allergies?	Y	N	Eating disorder?	Y	N
Frequent headaches?	Y	N	Asthma?	Y	N
Frequent stomach aches?	Y	N	Needs a school aide?	Y	N
Frequent bloody noses?	Y	N	Treated for ADD or ADHD?	Y	N

Explain any YES answers:

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I have informed the Camp Director of any limitations or special needs my child may have and agree to abide by the Director's decision if Berkshire Humane Society (BHS) can accommodate those needs. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the immediate dismissal of my child from the program with no refund. I understand that my child must follow the stated behavior expectations and safety rules and that the Camp Director reserve the right to dismiss any child whose behavior in their judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases, no refund will be given.

**AUTHORIZATION FOR MEDICAL TREATMENT**

As a condition of participation in Camp Humane at Berkshire Humane Society (BHS), in order that my child may receive the necessary medical treatment in the event of an emergency whereby he/she may sustain injury or illness during participation in the activity, I authorize any BHS official to consent to and obtain necessary treatment or hospital care for such an injury or illness during the camp and I hereby release, discharge, indemnify and agree to hold BHS, its successor, assigns, and other legal representatives, and its trustees, officers, employees, agents or servants harmless in the exercise of its authority. I further hereby acknowledge that neither BHS, nor any of the persons named above, have any obligation to seek such treatment.

**PEDIATRIC PHYSICIAN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION**

ALL medications should be packed daily with your child's lunch. Berkshire Humane Society is NOT responsible for lost medications and cannot keep any medications overnight. We cannot legally administer medication; your child MUST assume this responsibility.

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

*ALL MEDICAL INFORMATION IS FOR EMERGENCY USE ONLY.*

**FOOD ALLERGIES (MASTER CLASS)**

Please disclose any food allergies your child has, as in the Gold Week session we will be providing snacks and lunch on Friday:

\_\_\_\_\_  
\_\_\_\_\_

**I have read and understood the above Authorization for Medical Treatment.**

\_\_\_\_\_  
Parent/Guardian's Printed Name

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

\_\_\_\_\_  
Date





# REGISTRATION

## 2021 SUMMER

### HEALTH CARE RECORD FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL.

We do accept your School Health Form for your child. You will also need to attach a copy of your child's current Immunization Record with the camp Registration packet. If this is not done before the start of camp, your child will not be admitted into the session.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_

Nutritional Status: \_\_\_\_\_ Development: \_\_\_\_\_ TB Risk : + / -

	NORMAL	ABNORMAL	COMMENTS
HEENT			
Lungs			
Heart			
Abdomen			
Genitalia			
Extremities			
Skin			
Neurologic			
Scoliosis	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	
Vision	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	Stereopsis: Pass <input type="checkbox"/> Refer <input type="checkbox"/>
Hearing	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	

Significant Past Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Most Recent Applicable Labs: Hgb: \_\_\_\_\_ Pb: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Follow-up Needed: \_\_\_\_\_

Approved for Sports:    Unlimited        Limited        Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of Provider (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# REGISTRATION

## 2021 SUMMER

### VEHICLE PICKUP AUTHORIZATION LIST

In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and give us permission to release him/her. If there are any specific people your child may NOT be released to, please inform the Camp Director in writing.

Please give first and last names of those individuals to whom your child may be released (*Include carpool drivers and those who are authorized to pick up in an emergency.*)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional names may be added at any time by the parent/guardian.

**I have read and understood the release policy as described above and authorize Berkshire Humane Society to release my child to the person(s) listed above.**

\_\_\_\_\_  
Parent/Guardian's Printed Name

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

\_\_\_\_\_  
Date

**MEDIA RELEASE**

Berkshire Humane Society (BHS) uses images and sounds of children, presenters, and staff participating in programs as a way of documenting the fun and educational experiences they have while attending Camp Humane. BHS will identify your child by first name and session only, unless you give specific written permission to do otherwise. Please read and sign the following statement if you accept this disclosure:

In consideration of the above, I, the Parent/Guardian of the participating camper, hereby consent to BHS photographing, filming, and audio visual taping of my child. This media may appear in BHS's websites, advertisements, and promotional or informational materials including but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation for these images or sounds of my child.

**FIELD TRIP RELEASE**

Berkshire Humane Society (BHS) will bring campers off site to alternate educational locations. Campers will be traveling on school buses by professional drivers. Please read and sign the following statement if you accept this disclosure:

I, the Parent/Guardian of the camper, have read, understood, and agreed to allow participation in off-site field trips and their transportation.

**I have read and understood the above Media Release and Field Trip Release and agree to its term and conditions.**