

Please fill out the ENTIRE packet and return to:
ATTN: Camp Director, Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201
or fax to 413-443-3347

HOLIDAY ONE-DAY SESSIONS

Session dates are based upon the grade the student is entering in the Fall of 2019.
Please select the camp session for your child:

MLK, JR DAY
JANUARY 20, 2020
GRADES 3 - 6

INDIGENOUS PEOPLE'S DAY
OCTOBER 12, 2020
GRADES 3 - 6

VETERAN'S DAY
NOVEMBER 11, 2020
GRADES 3 - 6

CAMP RUNS **9AM TO 3PM.**
ONLY 20 STUDENTS PER SESSION.

TUITION & PAYMENT INFORMATION

Registration is on a first come, first serve basis. In order to secure a spot, you must **PAY IN FULL**. Payment can be made through cash, check or credit card. Checks can be made out to 'Berkshire Humane Society'. Please print clearly.

REGISTRATION PER HOLIDAY \$50.00 PER CHILD

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. 2019 Grade: _____

Preferred Pronoun: _____ Do you have friends attending this camp?: _____

Name: _____ Day Phone: _____

Address: _____
STREET CITY STATE ZIP

Email: _____ Cell Phone: _____

MANDATORY FOR ALL CAMP INFORMATION.

PAYMENT INFORMATION

Name on Card: _____

Card Number: _____

Expiration Date: _____ Camper Registration Rate: _____



TOTAL DUE: _____

AMOUNT CHARGED: _____

BALANCE: _____

BY SIGNING, I UNDERSTAND THAT FEES PAID BY CASH, CHECK OR CREDIT CARD ARE NON-REFUNDABLE.
Receipts will be available at camp.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

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: _____

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ALL MEDICAL INFORMATION IS FOR EMERGENCY USE ONLY.

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: _____

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.

I have read and understood the release policies 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

PARENTS INFORMATION SHEET

PLEASE DETACH FOR REFERENCE

DROP OFF / PICK UP

- Drop-Off time: **8:50AM** and Pick-Up time: **3PM**
- **Early Drop-Off: 8AM** and **Late Pick-Up: 4:30PM**
- Parents **MUST** escort their child into the classroom to sign them IN and OUT for the day.

ATTIRE

- Shoes **MUST** be **sneakers**, as state licensure requires it.
- Clothing should be suitable for doing craft projects, such as painting.
- Weather related apparel may be necessary.

APPAREL

- We will be going outside periodically. Please give your child appropriate winter clothing including: boots, gloves, scarf and hat.

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 only.

FUR

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

SAFETY

- If your child jeopardizes the **safety and well-being** of any shelter animals or fellow campers, then the Camp Director reserves the right to dismiss your child for the day or the rest of the camp session.

**If you have any questions regarding any of this information,
please contact the Camp Director: 413-447-7878 x129**