

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

**SCHOOL BREAK SESSIONS**

**FEBRUARY 21– 24**  
**GRADES 5 – 6**

Full Day: 9AM to 3PM  
20 Campers  
Eligible for 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: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

_____ Child Small	_____ Adult Small
_____ Child Medium	_____ Adult Medium
_____ Child Large	_____ Adult Large
_____ Child XL	_____ Adult XL

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

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

Kids will enjoy being special helpers by setting up for camp or watching a children’s movie on the couch. For a week of either Early Drop-Off or Late Pick-Up the cost is \$50 and for a week of both Early and Late is \$100.

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

**GUARDIAN INFORMATION**

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

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

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MANDATORY FOR ALL CAMP COMMUNICATIONS.**

**TUITION & PAYMENT INFORMATION**

Registration is on a first-come, first-served basis. To secure a spot, you must place a **\$100 NONREFUNDABLE DEPOSIT** on that session of camp. **PAYMENT IN FULL MUST BE MADE BY THE START OF CAMP.** Payment can be made through cash, check or credit card. Checks can be made out to 'Berkshire Humane Society'. Please print clearly.

**REGISTRATION** \_\_\_\_\_ 200.00 per child (\$375.00 siblings)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Camper Registration Rate: \_\_\_\_\_



Early Drop-Off & Late Pick-Up Fee: \_\_\_\_\_

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

AMOUNT CHARGED: \_\_\_\_\_

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

**BY SIGNING, I UNDERSTAND THAT FEES PAID BY CASH, CHECK OR CREDIT CARD ARE NONREFUNDABLE.**

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

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

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

\_\_\_\_\_  
Date

**CAMP DESCRIPTION**

Berkshire Humane Society 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,
- Professional speakers and demonstrations in the field of animals and
- Craft projects.

Our goal is to ensure that every camper has a life-enriching experience. 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 don't have staff to supervise campers who don't join in with the others.
- For the safety of campers as well as animals, we require all campers to listen to and take directions from camp staff, including directors, assistants and junior counselors. If any camper misbehaves during shelter time with animals, the entire group of campers may lose the privilege of socializing or working with animals.
- We expect all campers to be considerate and respectful of other campers and staff.
- Berkshire Humane Society is an open-admission shelter, which means that we may discuss the subject of euthanasia. We also talk with campers about other animal welfare topics. We try to explain all issues in language appropriate to your child's age group.
- Please don't bring your personal pets to the shelter when dropping off or picking up your child as it disturbs shelter animals.
- We reserve the right to dismiss any camper whose behavior jeopardizes the safety and wellbeing of other campers, staff or animals. If we dismiss your child, we won't issue you a refund.

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

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

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

\_\_\_\_\_  
Date

**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 may exist 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.**

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

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

\_\_\_\_\_  
Date

**MEDICAL HISTORY OF CAMPER**

Please contact the Camp Director, if your child has any special emotional or physical conditions, needs or limitations so 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 allows us 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, noting the number of the question:

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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 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.**

\_\_\_\_\_  
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 , so 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 Berkshire Humane Society 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 Berkshire Humane Society, 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 Berkshire Humane Society, 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.*

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

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

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

\_\_\_\_\_  
Date

**HEALTH CARE RECORD FORM**

TO BE COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL.

You'll also need to attach a copy of your child's current Immunization Record with the camp Registration packet. If this isn't

- done before the start of camp, your child won't 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

**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: \_\_\_\_\_

**MEDIA RELEASE**

Berkshire Humane Society 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. Berkshire Humane Society 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 Berkshire Humane Society photographing, filming and audio visual taping of my child. This media may appear in Berkshire Humane Society websites, advertisements and promotional or informational materials, including but not limited to, social media, 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 may bring campers off-site to alternate educational locations. Campers would travel on school buses equipped with seat belts 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 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** inside, as state licensure requires it.
- Clothing should be suitable for doing craft projects, such as painting.
- Weather-related apparel may be necessary.
- Field trips may require special clothing or shoes - you'll be notified when they are necessary.

## APPAREL

- We'll go 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 wellbeing** of 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 x137**