

PETALUMA WILDLIFE MUSEUM

Registration Form - Summer Program 2012

Contact: 707-778-4787 www.PetalumaWildlifeMuseum.com/Summer_camp

Registration includes one week of camp, t-shirt, daily snack, and lunch on Friday for "Water - Day." A mandatory, non-refundable \$50 deposit is required at time of registration and is included in the total \$250 cost. Space is limited. Cancellation of session results in full refund.

Details	
Instructions:	Please complete all forms and return with your \$50/wk deposit
Appropriate Ages:	7 – 12 years old
Time:	Monday – Friday 10:00am to 4:00pm
Lunch:	Please bring a bag lunch, snacks provided
Cost:	\$250 / week

Registration Information	
Child's Name:	
Age:	Sex: M / F
Parent/Guardian Name:	
Address:	
City/State:	Zip:
Email Address (for confirmation):	
Phone: ()	Attended Camp Previously? Y / N
Emergency Contact and Phone #:	

Session Dates (please check session(s))	T-Shirt Size (Please circle one)
<input type="checkbox"/> Session 1: June 4-8	Please circle one size
<input type="checkbox"/> Session 2: June 11-15	
<input type="checkbox"/> Session 3: June 25-29	Youth S M L XL
<input type="checkbox"/> Session 4: July 9-13	
<input type="checkbox"/> Session 5: July 23-27	Adult S M L

Payment	
Make Checks Payable to:	Petaluma Wildlife Museum
Return forms to:	201 Fair Street, Petaluma, CA
Amount Enclosed:	\$

Live Animal Release/Hold Harmless Agreement
Petaluma Wildlife and Natural Science Museum
Summer Camp, 2012

As your child (hereafter “Camper”) is currently enrolled in the Petaluma Wildlife Museum (hereafter “PWM”), he/she may be given the opportunity to handle live animals such as reptiles, mammals, and amphibians. Many of these safe-to-handle animals have been donated to PWM having been raised as family pets or have been purchased from reptile breeders. Campers will be carefully instructed on the safe and proper way to handle these animals and will not be forced to handle any animal with which they don’t feel comfortable. Campers must handle animals according to PWM safety protocol and if camper deviates from safety protocol, may be removed from the program without a refund and will be responsible for any costs incurred as a result. While PWM’s animals are handled frequently, it is important that you understand that certain inherent risks associated with camp activities can’t be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but range from: 1) minor injuries such as scratches, bruises, or sprains; 2) major injuries such as eye injury, heart attack, or concussions; and 3) catastrophic injuries including death.

Waiver of Liability: I for myself, my heirs, representatives, or assigns, do hereby release, waive, discharge and agree not to sue PWM, Petaluma High School, or the Petaluma City School District, or each of their officers, employees, agents and volunteers. I also agree to indemnify and hold harmless, PWM, Petaluma High School, and Petaluma City School District, and each of their officers, employees, agents and volunteers, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including attorney’s fees brought as a result of my involvement and to reimburse them for any such expenses incurred.
Severability: This Agreement is intended to be as broad and inclusive as is permitted by California law and if any portion is held invalid, the balance shall continue in full legal force and effect.

Emergency Medical Authorization: PWM will take reasonable efforts to notify Volunteer’s immediate family and get their participation and consent for treatment. If impractical to do so, I authorize PWM to execute all documents necessary in order to secure immediate medical treatment.

Acknowledgement: (1) Voluntariness: I have read this Agreement, fully understand its terms, and know that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily, and intend it to be a complete and unconditional release of all liability. I acknowledge that I am advised to seek independent legal advice if I have any questions or concerns as to its meaning or consequences; (2) Promotion Rights: I grant PWM the right to photograph, reproduce, and use Camper’s name, picture, voice, or other forms of physical likeness in its promotions.

Signature of Parent/Guardian of Minor

Printed Name of Parent/Guardian

Date

Printed Name of Minor, Age

Behavior Policy

When children's actions show persistent patterns of inappropriate behavior or become a danger to self or others, staff will work with parents to develop a plan.

The process for assessing behavior-related problems is:

1. Staff, director and the child's parent have a meeting and develop a plan with goals and objectives.
2. If progress is observed and continues, then the plan will remain in effect until all issues are resolved or dis-enrollment is necessitated.
3. Any inappropriate physical or verbal misconduct or threats by children or their parents/guardian will not be tolerated and will be grounds for the camper's immediate dismissal.

Suspension due to continued behavioral issues:

1. If a child hits, kicks, punches and/or causes physical harm to any child or staff they will be sent home on the day of the incident and will not be allowed back.
2. In extreme cases such as excessive hitting, or verbal disrespect toward children and staff, we reserve the right to immediately dis-enroll the child.

Staff will seek to keep parents updated on children's behavior at school in an effort to have continuity between home and camp environments.

Consent for Emergency Medical Treatment

As the parent or guardian, I hereby give consent to **Petaluma Wildlife Museum** to obtain all emergency medical or dental care prescribed by a duly licensed Physician

(M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for _____.
This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above. The above named child has the following medication conditions or allergies:

Parent/Guardian Signature

Date

Identification & Pick-up Information

Child's Name: _____ Age: _____

Mother/Guardian Name: _____

Phone Number: (_____) _____

Father/Guardian Name: _____

Phone Number: (_____) _____

Additional Persons who may be called in an Emergency:

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Names of persons authorized to take Child from Facility (other than those listed above):

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Parent/Guardian Signature Date