



***Thank you for registering for the 2019 Season of this unique educational program!***

**About the Program**

We have two programs available: Camp Kindness for ages 8-11 and CK Teens for ages 12-16. The two groups will share some activities, like lunch time and large group games, but otherwise their animal time, activities, learning opportunities, and others will be separate so that we can best tailor the programs to each age group.

Both programs run 9:00 a.m. to 3:00 p.m. daily, Monday through Friday, with flexible drop-off starting at 8:45 a.m. Vegan lunches and snacks are included as part of the program. Aftercare is available until 5:00 p.m. for \$90 for the full week or \$20 per day. This is not an overnight or sleep-away program.

If you would like to pay in installments, the initial fee is \$100. We'll be in touch with you to work out a payment plan. All fees must be paid by at least 7 days prior to the start of your session.

Your spot is not secured until we receive your form. If the session you've requested is full, we'll be in touch to register you for a different session or to cancel your registration.

**Refund Policy**

Requests received prior to May 15 will be issued a full refund less a \$20 processing fee. Requests received between May 15 and June 15 will be issued a 50% refund. We do not issue any refunds for requests received after June 15.

**Scholarships**

A limited number of scholarships are available for children who would not otherwise be able to attend camp. Applicant families must be able to demonstrate financial need. **IMPORTANT:** *your registration is not complete and your spot is not secured until we receive the scholarship application.* To apply for a scholarship please download the application or contact us to have one mailed to you. All inquiries and financial information will be kept strictly confidential.

**Please mail this form, plus registration fee or scholarship application, to:**

Catskill Animal Sanctuary  
Camp Kindness  
Attn. Lauren Barbieri  
316 Old Stage Road  
Saugerties, NY 12477

*The Camp Kindness program includes age-appropriate discussions and activities about the plight of farmed animals and animal protection issues. Catskill Animal Sanctuary advocates a more just, humane world and works to inspire vegan choices. We encourage campers to think critically and to express themselves freely. We are dedicated to fostering a supportive, compassionate and completely non-judgmental atmosphere for all.*

**For more information, please contact:**

*Lauren Barbieri, Youth Program Manager - [Lauren@casanctuary.org](mailto:Lauren@casanctuary.org) or 845-336-8447 x205*



## **YOUR CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age by July 1, 2019: \_\_\_\_\_

Gender: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade Completed by July 1, 2019: \_\_\_\_\_

**\*\*Will you be registering multiple children? Contact Lauren at 845-336-8447 x205 or [Lauren@casanctuary.org](mailto:Lauren@casanctuary.org) to unlock a sibling discount!\*\***

## **SESSION SELECTION**

All sessions are Monday to Friday

Please circle which you are registering your child for.

You are welcome to register for multiple weeks, but be aware that each session covers similar material.

### **CAMP KINDNESS – AGES 8-11**

Session1	Session 2	Session 3	Session 4
July 8-12	July 15-19	July 22-26	July 29-August 2

\_\_\_\_\_ **ADD AFTERCARE for an additional fee**

### **CK TEENS – AGES 12-16**

Session1	Session 2	Session 3	Session 4
July 8-12	July 15-19	July 22-26	July 29-August 2

\_\_\_\_\_ **ADD AFTERCARE for an additional fee**



## **REGISTRATION PAYMENT**

Standard Hours:  
\$395

With Aftercare:  
\$485

Payment plan:  
\$100

Scholarship  
\$0

\_\_\_\_\_ I will pay by credit card:

Cardholder Name: \_\_\_\_\_

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

Type of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ I will pay by check, which is included with this registration. Checks should be made out to Catskill Animal Sanctuary.

\_\_\_\_\_ I am applying for a Camp Scholarship. My scholarship application is included with this registration.

## **PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

Primary Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Did someone refer you to our program? If so, please write their name here:

\_\_\_\_\_



## **EMERGENCY CONTACTS**

Please provide two emergency contacts who will be available during camp hours:

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

Relationship to Child \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

## **PICK-UP AND DROP-OFF**

Please list the names of the individuals who are allowed to pick up your child.

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**The following questions will help us better understand and serve your child.**

1. Has your child attended summer camp before? Circle one: **YES** or **NO**  
If yes, what camp(s) were attended, and what was your child's overall experience?

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2. Why would you like your child to attend Camp Kindness?

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3. How do you hope your child will benefit from Camp Kindness?

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4. Does your child have any special needs that we should be aware of?

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5. Is there anything else you would like us to know about your child?

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## **GENERAL HEALTH INFORMATION**

1. Has your child had any serious illness, injury, or surgery in the past year?

Circle: **YES** or **NO**

If yes, please explain: \_\_\_\_\_

2. Does your child have any allergies or special dietary needs?

Circle: **YES** or **NO**

If yes, please explain: \_\_\_\_\_

3. Is your child currently taking any medications?

Circle one: **YES** or **NO**

Please list medications: \_\_\_\_\_

Will these medications need to be taken during the program? If so, please describe:

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

## **HEALTH CARE INFORMATION**

Name of Child's Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Health Insurance Carrier, if any: \_\_\_\_\_

Health Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_



## **VACCINATION RECORDS**

Please write the month and year(s) when your child received the following vaccine(s). If your child is exempt, please write "exempt".

DTaP/DTP/Tdap/Td \_\_\_\_\_

\_\_\_\_\_

Hepatitis B \_\_\_\_\_

\_\_\_\_\_

MMR \_\_\_\_\_

\_\_\_\_\_

Polio (OPV) \_\_\_\_\_

\_\_\_\_\_

## **OTHER INFORMATION**

How did you hear about this program? Circle one.

Word of mouth

Catskill website

Catskill social media

Catskill newsletter

Sanctuary visit

Print ad

I'm a returning  
camper!

Other

Would you like to sign up for one or both of our newsletters? You can unsubscribe at any time.

\_\_\_\_\_ Herd Around the Barn (sanctuary news and updates)

\_\_\_\_\_ Compassionate Cuisine (vegan food and recipes)



## **RELEASE AND LIABILITY WAIVER:**

**Please read in full and sign on the next page.**

I do hereby acknowledge and assume the risk of my and/or my minor child's participation in any and all activities at Catskill Animal Sanctuary, Inc. at the Sanctuary location or any and all locations where activities take place. I also consent to the Sanctuary's use of my likeness from pictures, portraits, videos or voice recordings for the promotion of its mission and activities.

I understand that my participation and/or my minor child's participation in Sanctuary activities carries with it a risk of bodily injury or personal property damage or loss. This risk may arise, not only from my own acts, omissions or negligence but from acts, omissions or negligence of others, from the terrain and condition of the premises of the Sanctuary, or from the condition, adequacy or appropriateness of any equipment used.

I understand that I and/or my minor child will be exposed to a range of risks, including, but not limited to, hazards associated with walking near or coming in contact with animals, walking on wet and slippery surfaces, or sometimes unpredictable contact with animals. Further, I understand that there may be other risks associated with my participation in Sanctuary activities that I am not now aware of and that cannot be reasonably foreseen.

I understand that, if necessary, myself and/or my minor child will be transported by a local emergency unit for medical treatment. Transportation to and treatment by a medical facility of me and/or my minor child will be at my expense.

I expressly and voluntarily assume all risk of injury, death and property damage or loss that may result from my participation and/or my minor child's participation in Sanctuary activities.

On behalf of myself and/or my minor child, and our personal representatives, heirs, next of kin and anyone who obtains any rights from me on our behalf, I hereby waive, release, and discharge the Sanctuary, its officers, directors, trustees, agent, and employees and all other persons and firms involved in any way with the Sanctuary (the "Released Parties") from liability for bodily injury, death, property damage or loss related in any way to my participation and/or my minor child's participation in Sanctuary activities, including any losses caused by the negligence, recklessness or strict liability of the Released Parties. I am not releasing the Released Parties from liability for any willful or intentional acts.

**CONTINUES ON NEXT PAGE**





**RELEASE AND LIABILITY WAIVER (continued):**

I understand that I am giving up all my claims and those of my minor child, which may exist now or may arise in the future against the Released Parties. I also understand that I am accepting all responsibility for all costs and damages that I or my minor child might incur or that might be incurred on our behalf in the event of any injury or accident.

I further understand that the Sanctuary from time-to- time takes pictures, portraits, videos and sound recordings of persons that participate in Sanctuary activities. I acknowledge and agree that I have no objection to the Sanctuary using my and/or my minor child's visual or voice likeness in connection with the Sanctuary's promotion of its mission and activities.

I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS RELATED TO ANY INJURY BY ME OR MY MINOR CHILD ACCOMPANYING ME WHILE PARTICIPATING IN SANCTUARY ACTIVITIES OR WHILE ON ITS PROPERTY. I UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN PARTICIPATION IN SANCTUARY ACTIVITIES. I FURTHER EXPRESSLY CONSENT TO THE USE OF MY LIKENESS AND/OR THAT OF MY MINOR CHILD FROM PICTURES, PORTRAITS, VIDEOS OR VOICE RECORDINGS BY THE SANCTUARY IN THE PROMOTION OF ITS MISSION AND ACTIVITIES.

I VOLUNTARILY SIGN MY NAME, AND THEREBY STATE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

**Full name of minor child:** \_\_\_\_\_

**Full name of parent/guardian:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

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