

# Summer Bunny Camp 2012 Registration Form



Please submit this completed form with payment to reserve your slot for our 2012 Summer Bunny Camp. Slots are limited, early registration is highly recommended. .

Camper's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check the session you would like for your child to attend:

- July 2-6 9:00AM-12:00PM – Ages 5-12 (4 day session- no session on July 4th ) \$145
- July 9-13 9:00AM-12:00PM – Ages 5- 9 \$195
- July 16-20 9:00AM-12:00PM – Ages 5-9 \$195
- July 23-27 9:00AM-12:00PM – Ages 5-9 \$195
- July 30 – Aug 3 9:00AM-12:00PM – Ages 5-12 \$195

Child Shirt Size:     **S**     **M**     **L**     **XL**

One free shirt is included with camp fee.                   Extra Shirt(s) (\$10 each): \$\_\_\_\_\_

**\*Campers are required to wear camp shirts each day.**

How did you hear about our camp program ?: \_\_\_\_\_

Payment: \_\_\_ Check \_\_\_ Cash \_\_\_ Credit Card

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

Billing Address for Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_

I understand no refunds will be offered after May 1<sup>st</sup>, 2012. All cancellations before May 1<sup>st</sup> will be eligible for a full refund less a 10% processing fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tranquility Trail Animal Sanctuary ~ 7848 East Redfield Rd, Ste 7 ~ Scottsdale, AZ 85260

Phone: 480-406-7301 ~ Fax: 480-406-7301 ~ Email: [info@tranquilitytrail.org](mailto:info@tranquilitytrail.org)

No refunds will be offered after May 1. Tranquility Trail reserves the right to cancel any camp session that does not meet a minimum enrollment (in which case, your payment will be refunded).

# 2012 Summer Bunny Camp Release Form

## Emergency Medical Information:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_  
Allergies, Medical Conditions, or Medications:

\_\_\_\_\_  
Please list any other pertinent medical or personal information: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information:

*In an emergency, if neither parent can be reached, please list the people Tranquility Trail should contact.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_

## Emergency Medical Release:

If I or an emergency contact cannot be reached or in the event of an emergency, I, the parent or guardian, \_\_\_\_\_, authorize Tranquility Trail Animal Sanctuary to act on my behalf regarding my child,

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media and Liability Release

I give permission for Tranquility Trail to take photographs and/or videos of my child participating in Summer Day Camp. I agree that the photographs and/or videos can be used for promotional or documentary purposes as well as for media coverage. I will not seek compensation for use of these photographs and/or videos.

Whenever my/our children, or child/children under my/our legal guardianship, participate in TTAS activities, I/We hereby release and agree to indemnify, defend and hold harmless TTAS, its directors, officers, employees, agents and volunteers, and its heirs, successors, assigns and personal representatives and owners of the property on which TTAS is located from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (Losses), which such child or children or any pet or other person might suffer or sustain, except Losses which are the direct result of TTAS gross negligence or intentional misconduct. I acknowledge that there are risks that the child/children could be bitten, scratched, injured or frightened by the animals or otherwise injured while working at TTAS and I assume such risks. Injury may include but is not limited to animal bites, scratches, cuts, falls, burns, insect bites, bee stings, sprains and broken bones. TTAS does not carry medical insurance for staff or volunteers, and I acknowledge that any medical care required as a result of an injury which occurs at the sanctuary or while I am representing TTAS at any other location, will be my financial responsibility.

Child's Name: \_\_\_\_\_ (please print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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