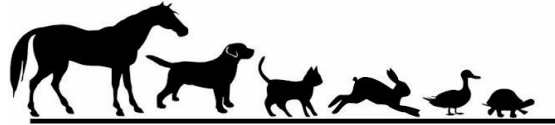


# Summer Bunny Camp 2020 Registration Form



TranquilityTrail.org

Animal Rehabilitation Sanctuary

*Please submit this completed form with payment to reserve your slot for our 2020 Summer Bunny Camp. Slots are limited, early registration is highly recommended. .*

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## How did you hear about our camp program?

\_\_\_\_\_

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

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

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

I understand no refunds will be offered after May 1<sup>st</sup>, 2020. All cancellations before May 1<sup>st</sup> will be eligible for a full refund less a 10% processing fee.

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

## Camper Registration Fee - \$225.00:

- June 1- June 5: Ages 5-12, 9:00AM-12:00PM
- June 8- June 12: Ages 5-12, 9:00AM-12:00PM
- June 15- June 19: Ages 5-12, 9:00AM-12:00PM
- June 22- June 26: Ages 5-12, 9:00AM-12:00PM
- Junem29 - July3: Ages 5-12, 9:00AM-12:00PM
- July 6-July 10: Ages 5-12, 9:00AM-12:00PM
- July 13-July 17: Ages 5-12, 9:00AM-12:00PM
- July 20- July 24: Ages 5-12, 9:00AM-12:00PM
- July 27 - July 31: Ages 5-12, 9:00AM-12:00PM



# 2020 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)

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