



Santa Fe Animal Shelter
100 Caja Del Rio Road
Santa Fe, NM 87507
(505) 983-4309 x128

Critter Camp Application:

Camper name: _____ Age: _____

School: _____ Grade: _____

Address: _____

Parent/Guardian names: _____

Phone Number: _____ Email: _____

Additional emergency contact name and telephone number:

Session (mark first choice): Winter Break December 17 and 18

We also, have Spring and Summer camps.

Have you signed up with a friend or sibling? Yes /No

If yes, what is the name of the other applicant? _____

Do you have any allergies (food/air/animals?) _____

Do you have pets at home? ___ Dogs ___ Cats ___ Other _____.

T-shirt size: Child size: S M L Adult size: S M L

Why do you want to participate in Critter Camp?

_____.

Have you attended Critter Camp before? Yes/No If so, when? _____.

If you want to participate in the Advanced session and you haven't had previous Critter Camp experience, what kind of animal experience do you have? _____

If you plan on attending the Advanced session, what are your goals in animal welfare and what do you hope to gain from participation?

What are some activities that you hope to do at Critter Camp?

Do you learn best through listening, visuals or hands-on activities?

Other questions for the Shelter:

Please have your parents/guardians read and sign the following:

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury to my child, including physical harm. I understand that my child may be exposed to zoonotic (transferred from animals to humans) diseases including, but not limited to, ringworm and internal parasites. All services to be performed by my child

under the guidance of SFAS Staff and Volunteers are at his/her own risk. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless SFAS, its agents, servants, and employees from any and all claims, causes of actions, or demands of any nature or cause, including costs and attorney's fees incurred by SFAS in connection with the same, based on damages or injuries which may be incurred or sustained in any way connected with my services for SFAS, including, but not limited to, animal bites, accidents or injuries.

I understand that full payment for Critter Camp must be rendered to SFAS by a week before the first day of camp, in order to secure a place for my child to participate in the camp. I understand that if my child exhibits any abuse to animals or disrespect to SFAS Staff or Volunteers that I will be contacted to collect my child immediately; a portion of the camp fee may be reimbursed. I also agree and grant permission to SFAS to use any photograph of my child or child under my legal guardianship during Critter Camp for the World Wide Web or publication without further consideration. I also acknowledge SFAS' right to crop or treat the photo at its own discretion and use the image at any time.

Scholarships: A limited number of scholarships are available for Critter Camp. If you are interested in applying for a scholarship, please contact the Critter Camp Coordinator, Devin White, at dwhite@sffhumanesociety.org or by phone at 983-4309, ext. 128.

Parent/Guardian signature: _____

Parent/Guardian printed name: _____ Date: _____

Camper signature: _____

Camper printed name: _____ Date: _____

Please list any comments or concerns that the staff of SFAS should be aware of to make your child's experience a positive one.

Thank you!