

Purpose: To educate children ages 9-13 about safe, responsible pet ownership and to recognize and avoid situations in which potential injuries can occur.



Questions: Lincoln County Health Department 636-528-6117. Send or bring completed form and enrollment fee to: 5 Health Dept. Drive Troy MO 63343

**Critter Camp 2016-Camper Application (Complete Both Sides)**

Camper's Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Phone Number (hm#): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ email \_\_\_\_\_

Are you interested in being a Parent Volunteer? \_\_\_ Yes \_\_\_ No

Camp Dates: July 18-22, 2016 9-2pm each day

**ENROLLMENT FEE (CHECK OR MONEY ORDER) MUST ACCOMPANY THIS APPLICATION! COST: \$25**

**Emergency Contact Information**

Parent/Guardian's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

Other (relationship): \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies? \_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_

Describe any special needs (physical, mental challenges, or medical) we should be aware of:

\_\_\_\_\_

List any prescribed medication(s) that your child takes on a regular basis at home and time needed:

\_\_\_\_\_

List any known medical conditions: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

If necessary, I approve of officials taking my child, \_\_\_\_\_, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Waiver and Release of Liability Authorization and Consent**

In return for being allowed to participate in the Lincoln County Critter Camp, I release and agree not to sue the Lincoln County Health Department, its employees, sub-contractors, sponsors, and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrong death arising as a result of my participation and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of my participation, even if caused by their ordinary negligence. I understand that participation involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in Critter Camp with knowledge of the danger involved and agree to accept all risks of participation and related activities. I understand and agree that the authorizations, consents, and permissions contained herein are given voluntarily and with the full understanding that no compensation or other payment of any kind will be paid to the participant or to any other person for any of the agreements. I am the parent or legal guardian of the participant. I am of legal age and am freely signing this agreement on behalf of the participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of myself, the participant, and his/her family, estate, heirs, and/or assigns. As parent or legal guardian of the participant named below, for myself and for and on behalf of said participant, I hereby consent and agree to the foregoing Waive and Release of Liability Authorization and Consent, upon the terms and conditions stated therein.

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Full name of participant

Date

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Signature of Participant, if 18 years or older, otherwise signature of Parent/Legal Guardian

Date

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Street Address, City, State, and Zip Code

Phone number

I, \_\_\_\_\_ authorize the Lincoln County Health Department and any of its sponsoring agencies to make pictures and sound recordings of my child/children \_\_\_\_\_ and use the same in any form for its purposes and consent that the pictures and recording may be copied, published, telecast, or broadcast for such purposes together with descriptions and editorial statements.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_