



# 2018 ROMP WITH THE ANIMALS REGISTRATION FORM

The Washington County Humane Society

Session 1: June 25<sup>th</sup>- June 28<sup>th</sup> from 8am – 5pm

Session 2: July 9<sup>th</sup> – July 12<sup>th</sup> from 8am – 5pm

### GENERAL INFORMATION

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Going into: 1<sup>st</sup> Grade      2<sup>nd</sup> Grade      3<sup>rd</sup> Grade      4<sup>th</sup> Grade      5<sup>th</sup> Grade

T-Shirt Size:  Youth S     Youth M     Youth L     Youth XL     Youth XXL     Adult S     Adult M

### PAYMENT INFORMATION

\$120 includes cost of four full days of activities, snacks, transportation to visit sites, and a program t-shirt. Participants should bring bag lunch.

Method of Payment: Cash or Check (Check #: \_\_\_\_\_)      MasterCard      Visa

Credit Card #: \_\_\_\_\_ Security Code (back of card): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

**I, the undersigned, accept full responsibility for the acts of my child, during and after class, and release the WCHS from any and all claims of liability and understand the cost of the class is non-refundable.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE FOR PUBLICITY PICTURES

I (please print) \_\_\_\_\_, give The Washington County Humane Society all rights to use any photos taken for publicity purposes. The Washington County Humane Society may, at their discretion, use my photos or the photos of my children, and I waive all the rights to collecting any fees for the use of those photos.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Humane Society Representative: \_\_\_\_\_

### STUDENT BEHAVIOR AGREEMENT

Romp With The Animals is designed to be a positive and enjoyable learning experience for participants. Students enrolled in the program are expected to:

- Attend all planned activities.
- Be respectful to other participants, shelter staff, speakers, and hosting organizations.
- Treat animals gently and in a humane manner.
- Respect public and personal property. Parent(s) or guardian(s) may be held liable for any damage beyond reasonable wear and tear.

In the event that chronic behavior problems occur, the student will be removed from the program and the parent/guardian notified by the program director. Behavior problems warranting immediate dismissal from the program include:

- Inhumane treatment of program animals
- Causing physical harm to other participants
- Obscene or objectionable language

**I have read and understand the above expectations. If my child breaks this agreement, or his/her conduct is not satisfactory to the program director, the shelter staff or hosting organizations, I understand that he/she may be dismissed from the program and ineligible to participate in future activities.**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# 2018 ROMP WITH THE ANIMALS EMERGENCY INFORMATION AND CONSENT FORM

The following information will be helpful in providing the best conditions for your child while participating in Romp. Please complete all of the information and return it to WCHS prior to the start of the program.

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Going into:  1st Grade  2nd Grade  3rd Grade  4th Grade  5th Grade

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

In the event that neither parent/guardian can be reached, please contact:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### MEDICAL INFORMATION

Name of Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any known allergies? If so, what? \_\_\_\_\_

List any recent illnesses or current conditions that need special attention or consideration: \_\_\_\_\_

List any medications that need to be administered by the program: \_\_\_\_\_

List any other information that may be helpful to us: \_\_\_\_\_

The undersigned parent or guardian of \_\_\_\_\_ ("Minor") hereby consents to the Minor participating in The Washington County Humane Society's ("Society") Romp with the Animals and all of its activities and programs. The undersigned, for him or herself and on behalf of said Minor, does hereby absolutely and unconditionally release, indemnify, hold harmless and forever discharge the Society, its employees, successors, and agents, from and against any and all claims, demands, obligations and liabilities of every nature and kind whatsoever, including without limitation, negligence occurring during, directly or indirectly resulting from or arising out of the Minor's participation in said program. This CONSENT AND RELEASE shall extinguish all claims, demands and rights which the undersigned or the Minor (and/or each of their heirs, successors and agents) has or may ever have against the parties released hereby, or any of them, for any injuries, costs or damages to the Minor occurring during, directly or indirectly resulting from or arising out of the Minor's participation in said Romp program whether such injuries, costs or damages are known or unknown, foreseen or unforeseen, ascertainable or unascertainable.

\_\_\_\_\_  
Parent/Guardian (please print) Signature Date

**Please return completed form to:**  
The Washington County Humane Society – Attn: Romp  
3650 State Road 60, Slinger WI 53086

**For questions please contact:**  
The Washington County Humane Society Volunteer Coordinator  
volunteer@wchspets.org 262-677-4388