**Humane Education Year Round Programs Registration Information**

Child’s Last Name

Child’s First Name

Child’s D.O.B.

Child’s School

Allergies Yes (check box)

Allergies No (check box)

Allergies Please List

Any Special Info/Behavioral Yes (check box)

Any Special Info/Behavioral No (check box)

Any Special Info/Behavioral Please List

Parent #1 Last Name

Parent #1 First Name

Parent #1 Phone Number

Parent #1 Phone Number (alternate)

Parent #1 Email Address

Parent #1 Email Address (alternate)

Parent #1 Street

Parent #1 City

Parent #1 State

Parent #1 ZIP code

Parent #2 Last Name

Parent #2 First Name

Parent #2 Phone Number

Parent #2 Phone Number (alternate)

Parent #2 Email Address

Parent #2 Email Address (alternate)

Parent #2 Street

Parent #2 City

Parent #2 State

Parent #2 ZIP code

Emergency Contact #1

Last Name

First Name

Phone Number

Phone Number (alternate)

Emergency Contact #2

Last Name

First Name

Phone Number

Phone Number (alternate)

**How did you hear about this program?**

Website (check)

Facebook (check)

Instagram (check)

Email/Constant Contact/EBHS newsletter (check)

Child’s School (check)

Community Newsletter/Media (check)

Outreach Event (check)

Word of Mouth/Friend (check)

Other (check)

**HUMANE EDUCATION PROGRAMS TO SLECT FROM**

KINDNESS CLUB (1.25 hr) $10.00

KINDNESS CLUB (2 hr) $20.00

KINDNESS CAMP (2 hr) $25.00

KINDNESS CAMP (3 hr) $40.00

KINDESS CAMP (specialty) $45.00

KINDNESS CAMP: 9am-1pm $50.00

KINDNESS CAMP: 9am-2pm $60:00

KINDNESS CAMP, lunch hour $10.00

KINDNESS COUNCIL, semester $30.00

Contact our Humane Educator, Sheila Postotnik, at Sheila@ebhs.org, to learn more about Virtual Learning Bundles.

**Audio Visual Consent**

I give Elmbrook Humane Society (EBHS) permission to reproduce my photo/recording/video for promotional materials such as newsletters, social media postings, publications and other materials to promote EBHS, recognize volunteer achievement and assist in fundraising.

I consent to the use of images or recordings for promotional materials for EBHS and release EBHS and all persons acting under its permission and authority from any liability in connection with the taking, recording or publication of the photos, images, videos or recordings.

**Waiver of Liability**

I, the undersigned, have completed a Waiver of Liability for my child(ren) listed for participation in this event held by Elmbrook Humane Society (EBHS).

On behalf of myself and my respective heirs and personal representative, I agree to indemnify and hold harmless EBHS, its officers, directors, employees, agents and volunteers from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to attorney’s fees and disbursements, arising from or occasioned by my child(ren) participation in this event. I agree that EBHS may use my child(ren) name and/or image for EBHS displays, educational programs, public relations and/or for other purposes deemed appropriate by EBHS in its sole discretion, and I hereby release any such images or photographs for use in its programs, publications and purposes.

**\*\*\*Coronavirus/COVID-19 Addendum**

If my child or anyone in my household is not feeling well, has any COVID-19 symptoms, has been exposed to a COVID-19 positive individual, or travelled to any of the COVID-19 “hot spots” within the last 14 days of this event, I will refrain from bringing my child to EBHS and will contact EBHS to make other arrangements including a full refund. **Social distancing (6 feet apart) between all participants (children and staff) will be carefully monitored. I understand that Certified Therapy Dog Teams may be visiting this event and that my child may meet animals being cared for by EBHS.**

*I have read the above waiver, state that I have understood it, and that I am voluntarily signing it without any inducement or representation from any member of the EBHS staff. I sign this voluntarily and with full knowledge of its significance.*

Parent Signature

Date Signed