



## SUMMER ANIMAL LEARNING LABS 2019 PARENT/GUARDIAN INFORMATION PACKET

Session Dates (ages 6-8 years)	Session Dates (ages 9-11 years)
July 8-12	July 15-19
July 22-26	July 29- August 2
August 5-9	August 12-14
August 19-23	August 26-30

### CONTACT INFORMATION

- Phone: (518) 434-8128 ext. 227
- Email: ALLMHHS@mohawkhumane.org

### CAMP SCHEDULE

- Monday through Friday, from 9am-2pm.

### DROP-OFF/ PICK-UP PROCEDURES

The Animal Learning Labs entrance is located at 3 Oakland Ave. ***This entrance is where both drop-off and pick-up of campers will take place.*** Parents/guardians are required to escort children into camp on Monday morning only.

**Anyone who has not been authorized to pick up a camper will not be allowed to check that camper out until we have cleared that person with the camper's parent/guardian/approved custodian.**

If an unavoidable delay arises and you arrive late, call our camp (518-434-8128) to alert us. ***Please note that a penalty late fee may be assessed if you are late.*** Please ensure that your child has all of his or her belongings before leaving.

### CAMP CURRICULUM

The camp curriculum emphasizes collaboration, critical thinking, and the exchange of ideas with fellow campers. Campers are encouraged to find solutions to many of the challenges animals face in our society today. All Animal Lab sessions include age-appropriate animal care and behavior learning activities, team projects, games, physical activities, crafts, and hands-on interactions with animals such as dogs, cats, guinea pigs, rats, chinchillas, birds, reptiles, and rabbits. The collaborative activities offered at Animal Lab are designed to encourage respect for all living things. Age-appropriate material and modified lesson plans have been created to tailor the curriculum for each grade level. This will help the parents of multi-age children better plan their camp schedules.

### WHAT TO BRING TO CAMP

- A large, labeled bottle of water
- A hearty, nutritious lunch and morning snack
- Layers of clothing for indoor and outdoor activities, or foggy/cold weather
- Closed-toe shoes for walking & working with animals
- Sunscreen and/or a hat
- Any medications (labeled with a signed medication form)

### WHAT NOT TO BRING TO CAMP

- Cell phones
- Electronic toys, mp3 players, or video game devices
- Heely's (shoes with wheels on the sole), open-toed or slip-on shoes



- Personal pets
- Umbrellas
- Knives or other weapons

### **FOOD ALLERGIES INFORMATION**

Many of our campers have a variety of food allergies, some of which may be life-threatening. We take food allergies very seriously, although throughout our facility we use peanut butter and other similar products as treats for our animals.

### **CAMP DISCIPLINE POLICY**

To help maintain the safety and wellness of campers, staff, volunteers, animals, and the general public, the following discipline policy has been established.

Disciplinary action may be taken if a camper displays undesirable behavior that interferes with or disrupts the camp program. Examples of this behavior include inappropriate language, making fun of or insulting others, bullying, using profanity, harming or frightening the animals, physically harming others, not following directions, or unwelcome actions that make other campers feel uncomfortable.

Consequences to undesirable behavior are as follows:

- First offense: Verbal warning from staff
- Second offense: 10-minute time out; follow-up call to parent/guardian
- Third offense: Discipline report filed; meeting with parent/guardian
- Fourth offense: Removal from camp; no refund will be given in this occurrence
- *In the event of extreme infractions, MHHS reserves the right to remove a camper from the program immediately without prior warnings.*

Every effort is made to accommodate campers with special needs, including campers with behavioral challenges. Parents/guardians of children who need special attention or have behavioral challenges must notify us of the issue in the "additional notes" section of the online registration form. Camp staff is trained to manage many common health and behavioral disorders; however, campers with severe behavioral disorders that may continuously interfere with or disrupt the camp program must have an aide present.

### **HANDS-ON ANIMAL INTERACTIONS**

We strive to provide an enriching learning experience and ensure the safety and comfort of all animals and participants in our care. As such, we must limit the time spent with the animals to approximately 2 hours per day. We have a limited number of animals with which our campers may interact, and the animals need time to relax and recuperate from the excitement of our hands-on sessions. Camper interactions with animals may include feeding, grooming, walking, and cuddling.

A note about animal safety: Campers will interact only with animals that have been approved for safety and disposition by MHHS animal welfare professionals. Campers will not interact directly with adoptable adult dogs in the shelter due to safety and liability restrictions. Instead, campers will interact with dogs belonging to staff and volunteers.



## Animal Learning Lab Registration Form

Child's Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>My child is between the ages of 6 and 8 years and would like to attend the following session:</b>	
<b>Session Dates</b>	<b>Registration Deadline</b>
<input type="checkbox"/> July 8-12	June 28
<input type="checkbox"/> July 22-26	July 12
<input type="checkbox"/> August 5-9	August 2
<input type="checkbox"/> August 19-23	August 16

<b>My child is between the ages of 9 and 11 years and would like to attend the following session:</b>	
<b>Session Dates</b>	<b>Registration Deadline</b>
<input type="checkbox"/> July 15-19	July 5
<input type="checkbox"/> July 29-August 2	July 26
<input type="checkbox"/> August 12-16	August 9
<input type="checkbox"/> August 26-30	August 23

Allergens that may be encountered in the facility may include but are not limited to dog, cat, rabbit, and small animal dander as well as peanuts and other potential food allergens. **THIS FACILITY MAKES EXTENSIVE USE OF PEANUT BUTTER, AND THERE ARE NO AREAS THAT MAY BE PRESUMED TO BE FREE OF PEANUTS.** Please list any special needs (medical, physical, restrictions, medications, allergies, etc.)

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### Parent/ Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

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

Email: \_\_\_\_\_

Secondary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_



**The following persons are authorized to pick up my child:**

All persons authorized to pick up a child must be prepared to show I.D. (no exceptions)

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

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**Emergency Contacts**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_


Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_



## Camper Medication Form

When campers come to camp with medication of any kind (epi-pen, Benadryl, prescription meds) their guardian must fill out a medication sheet and give us the medication. We keep it in the office, and only the coordinators/full-time staff can administer the medication. We typically add this to our daily staff schedule when a kid needs meds at a certain time. Some meds are situational (ex. Maddie needs Benadryl if she has a reaction to cats), so we ask the counselor to monitor, and send the camper if they need medicine. If a camper is feeling ill, we can call home and ask for verbal permission to give our own children's Tylenol or children's Benadryl to the camper.



Date: _____	
Camper's Name: _____	
Medication: _____	
Dosage: _____	
When to take medication: _____	
Guardian's Name _____	
Guardian's Signature _____	



## Permission Slips

We use these permission slips mostly for campers who can sign themselves out and walk/take the bus home. They're typically for the oldest campers, but whenever a guardian requests their camper be allowed to sign themselves out, we make sure to get their signature for that. These are usable as field trip, spay/neuter, or cookie taste test permission slips as well.



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

My camper \_\_\_\_\_ has permission to \_\_\_\_\_  
\_\_\_\_\_

on this/these date(s) \_\_\_\_\_.

Guardian's Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_



MOHAWK HUDSON  
**HUMANE  
SOCIETY**



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

My camper \_\_\_\_\_ has permission to \_\_\_\_\_  
\_\_\_\_\_

on this/these date(s) \_\_\_\_\_.

Guardian's Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_



MOHAWK HUDSON  
**HUMANE  
SOCIETY**



MOHAWK HUDSON  
**HUMANE  
SOCIETY**

## Liability and Assumption of Risk

Child's Name: \_\_\_\_\_

Child's D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent/Guardian Information:

Parent's/Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Special notes regarding your child, if any:

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## Terms & Conditions

I, the undersigned, hereby represent and warrant that I am the parent and/or legal guardian of the above-named child. By signing this Release of Liability and Assumption of Risk (the "Agreement"), I hereby agree to, acknowledge and give my consent without reservation to the following on my own behalf and on behalf of my child, as of the date set forth below.

1. I have voluntarily enrolled my child in, and my child has voluntarily agreed to participate in, certain activities occurring at the Mohawk Hudson Humane Society (the "MHHS") for a single day or specific event (the "Event"). I understand and agree that my acceptance of the terms and conditions of this Agreement, and my child's strict adherence to the established rules, guidelines and protocols of the MHHS, are conditions of my child's participation in the Event. I understand that my child's privileges may be revoked or suspended at any time for non-compliance or safety issues, or for my breach of this Agreement in any way, as may be determined by the MHHS in its sole discretion.

2. I understand that I may be required to show a valid driver's license or other form of valid identification if I am required to pick up my child from MHHS's premises. I agree to inform MHHS in advance if someone other than me will pick up my child from MHHS's premises.

3. I understand that my child may be interacting with animals belonging to the MHHS and/or its staff, volunteers or affiliates with adult supervision. I understand that animals, even under the best of circumstances, may be unpredictable, may bite or scratch and may transmit zoonotic diseases. I understand that MHHS specially recommends that visitors to MHHS's premises maintain current tetanus vaccinations and that I have been encouraged to consult with a medical professional to decide whether or not my child should be vaccinated against tetanus and to properly address any medical questions or concerns prior to my child's participation in the Event.

4. I understand that my child's attendance is purely voluntary and not without risk of injury, including but not limited to, serious physical harm to my child. I recognize and agree that MHHS, together with its officers, directors, instructors, agents, volunteers, employees, predecessors, successors, affiliates and representatives (collectively, the "Released Parties"), assumes no responsibility for any liability, damage, expense (including medical care), cost, fee (including attorneys' fees), claim, demand, loss, obligation, settlement agreement, injury or illness, suit at law or in equity, whether in whole or in part, foreseeable or unforeseeable, known or unknown, fixed or contingent, suspected or claimed, that I or my child may have ever had or now have against the Released Parties arising from or otherwise relating to my child's participation in the Event or my decision to permit my child to participate in the Event (collectively, the "Claims"), including but not limited to, any Claims caused directly or indirectly by any negligence (active or passive) attributable to the Released Parties or my decision to not vaccinate my child against tetanus or any third-party Claims brought by my guest(s), if any. For the avoidance of doubt, I agree that if my child is injured on MHHS's premises in any capacity whatsoever, I am aware that my own health insurance coverage will provide for any necessary medical treatment or care for my child.





5. In consideration of, and as an inducement to, the acceptance of my child's participation in the Event, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (together with my spouse, heirs, successors, executors, administrators, agents, personal and legal representatives and assigns) agree to forever release, discharge, indemnify, and hold harmless the Released Parties for any and all Claims.

6. I understand that my child is expected to treat all property located at the MHHS's facilities with respect. I recognize that I am solely responsible, financially and otherwise, for the actions or inactions of my child (and me and my guest(s), if any) while participating in the Event, and I agree to assume full financial responsibility for any and all damages to, or losses of, the real or personal property of the MHHS or any third party caused directly or indirectly, in whole or in part, whether or not foreseeable, by my child (and me or my guest(s), if any), as determined by MHHS in its sole and absolute discretion, and I further agree to indemnify and hold harmless the Released Parties from any third-party claims related thereto.

7. In the event that I or the above-named alternate emergency contact cannot be reached to make arrangements for emergency medical attention for my child, I authorize MHHS to act on my behalf with respect to the provision of such care, and I consent for any and all treatment for my child while my child is in MHHS's care. I agree to pay all costs and expenses incurred in connection with any medical care provided to my child, including the cost of transportation.

8. I understand that public relations are an important part of the activities conducted at MHHS. Thus, MHHS has permission to use without notice or compensation my child's likeness in any and all photographs, video and images, and to further include his/her name in any materials that promote MHHS's services and programs, or to publicize any event, or for any other lawful purpose (including but not limited to, the right to edit, alter, copy, publish or distribute). I understand and agree that all film, prints and negatives become the sole property of MHHS and may be used by MHHS without payment or royalties or any other consideration or prior notification.

9. This Agreement supersedes all prior discussions, representations, warranties and agreement, and expresses the entire agreement between MHHS and me regarding the subject matter herein. This Agreement may be amended only by a written instrument signed by both parties. This Agreement shall be interpreted in accordance with the laws of the State of New York. All claims, disputes and lawsuits arising out of our in connection with this Agreement shall be resolved or adjudicated in Albany County. If any provision of this Agreement is deemed invalid, void or unenforceable, such provision shall be considered severed from the Agreement and the remaining provisions shall be given full force and effect.

I understand that my child's participation in the Event is contingent upon this Agreement being **both signed and dated** below by me, as well as my **legible completion of all** of the personal information requested above. By signing below, I acknowledge that I have read and fully understand the terms and conditions of the foregoing Agreement.

Signature of Parent/Guardian: \_\_\_\_\_

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



## **PHOTO RELEASE FORM**

For good and valuable consideration, receipt of which is acknowledged, I hereby grant to Mohawk Hudson Humane Society may designate from time to time, the absolute right and permission to use my child's likeness and photograph, in whole or in part, or distorted in character or form, together with or without other visual or written copy, for advertising, publicity or trade purposes. The term of this Model Release shall be as specified herein:

I hereby waive any right that I may have to inspect and/or approve the finished materials; their use or such copy as may be used in connection herewith.

I hereby release, discharge and agree to save harmless Mohawk Hudson Humane Society.

Using my child's likeness and photograph in accordance with the terms hereof including but not limited to any liability for what might be deemed to be misrepresentation or defamation of him/her, his/her character or his/her person due to distortion, alteration, optical illusion or otherwise due to faulty reproduction which may occur in the finished product.

PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_

PRINT NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_