



Kids Kamp Application

Kamper name: _____ Age: _____

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

Parent/Guardian names: _____

Address: _____

Phone Number: _____ Email: _____

Additional emergency contact name and telephone number:

Select Kamp (Cost is \$150/per kamp):

() June 11-14 () July 23-26 () August 6 - 9

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/animals/etc.) _____

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

Have you attended Kids Kamp before? (Yes/No)

Why do you want to participate in Kids Kamp?

What are some activities that you hope to do at Kids Kamp?

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 LPCHS 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 LPCHS, 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 LPCHS in connection with the same, based on damages or injuries which may be incurred or sustained in any way connected with my services for LPCHS, including, but not limited to, animal bites, accidents or injuries.

I understand that full payment for Kids Kamp must be rendered to LPCHS day application is submitted, 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 LPCHS 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 LPCHS to use any photograph of my child or child under my legal guardianship during Kids Kamp for the World Wide Web or publication without further consideration. I also acknowledge Kids Kamp right to crop or treat the photo at its own discretion and use the image at any time.

Parent/Guardian signature: _____

Parent/Guardian printed name: _____ Date: _____

Kamper signature: _____

Kamper printed name: _____ Date: _____

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

Thank you!