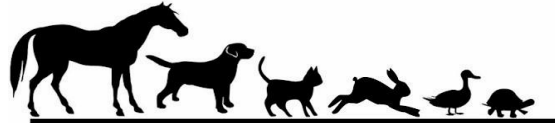


Summer Bunny Camp 2017 Registration Form



TranquilityTrail.org

Animal Rehabilitation Sanctuary

Please submit this completed form with payment to reserve your slot for our 2017 Summer Bunny Camp. Slots are limited, early registration is highly recommended.

Camper's Name: _____ Age: _____

Parents' Names: _____

Address: _____ City and Zip Code: _____

Contact Phone: _____ E-mail: _____

How did you hear about Summer Bunny Camp? _____

Please check the session for which you are registering:

- June 5 – June 9 9:00AM-12:00PM – Ages 5-12 \$199
- June 12 - June 16 9:00AM-12:00PM – Ages 5- 12 \$199
- June 19 - June 23 9:00AM-12:00PM – Ages 5-12 \$199
- June 26 – June 30 9:00AM-12:00PM – Ages 5- 12 \$199
- July 10 – July 14 9:00AM-12:00PM – Ages 5- 12 \$199
- July 17 – July 21 9:00AM-12:00PM – Ages 5- 12 \$199
- July 24 – July 28 9:00AM-12:00PM – Ages 5- 12 \$199

Child Shirt Size: **S** **M** **L** **XL**

One free shirt is included with camp fee. Extra Shirt(s) (\$10 each): \$ _____

***Campers are required to wear camp shirts each day.**

Payment: ___ Check ___ Cash ___ Credit Card

Name on Credit Card: _____

Billing Address for Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ CVC: ___

I understand no refunds will be offered after May 1st, 2017. All cancellations before May 1st will be eligible for a full refund less a 15% processing fee.

Signature: _____ Date: _____

Tranquility Trail Animal Sanctuary ~ 7741 East Gray Road, Suite 2 ~ Scottsdale, AZ 85260 ~ Phone: 480-406-7301

~ Fax: 480-987-8498 ~ Email: info@tranquilitytrail.org

No refunds will be offered after May 1. Tranquility Trail reserves the right to cancel any camp session that does not meet a minimum enrollment (in which case, your payment will be refunded).

2017 Summer Bunny Camp Release Form

Emergency Medical Information:

Physician: _____ Phone: _____
Preferred Hospital: _____
Insurance Provider: _____
Insurance Policy Number: _____
Allergies, Medical Conditions, or Medications: _____

Please list any other pertinent medical or personal information: _____

Emergency Contact Information:

In an emergency, if neither parent can be reached, please list the people Tranquility Trail should contact.

Name: _____ Phone Number: _____
Relationship to camper: _____
Name: _____ Phone Number: _____
Relationship to camper: _____

Emergency Medical Release:

If I or an emergency contact cannot be reached or in the event of an emergency, I, the parent or guardian, _____
_____, authorize Tranquility Trail Animal Sanctuary to act on my behalf regarding my child,
_____.

Parent/Guardian Signature: _____ Date: _____

Media and Liability Release

I give permission for Tranquility Trail to take photographs and/or videos of my child participating in Summer Day Camp. I agree that the photographs and/or videos can be used for promotional or documentary purposes as well as for media coverage. I will not seek compensation for use of these photographs and/or videos.

Whenever my/our children, or child/children under my/our legal guardianship, participate in TTAS activities, I/We hereby release and agree to indemnify, defend and hold harmless TTAS, its directors, officers, employees, agents and volunteers, and its heirs, successors, assigns and personal representatives and owners of the property on which TTAS is located from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (Losses), which such child or children or any pet or other person might suffer or sustain, except Losses which are the direct result of TTAS gross negligence or intentional misconduct. I acknowledge that there are risks that the child/children could be bitten, scratched, injured or frightened by the animals or otherwise injured while working at TTAS and I assume such risks. Injury may include but is not limited to animal bites, scratches, cuts, falls, burns, insect bites, bee stings, sprains and broken bones. TTAS does not carry medical insurance for staff or volunteers, and I acknowledge that any medical care required as a result of an injury which occurs at the sanctuary or while I am representing TTAS at any other location, will be my financial responsibility.

Child's Name: _____ (please print)

Parent/Guardian Signature: _____ Date: _____

No refunds will be offered after May 1. Tranquility Trail reserves the right to cancel any camp session that does not meet a minimum enrollment (in which case, your payment will be refunded).