



Humane Heroes Registration Form

All information will be kept private and will be used solely for the purpose of Humane Heroes, an educational program designed for children ages 6 to 12. One completed registration form is required for EACH child in order to participate in the program.

CHILD'S FULL NAME: _____ AGE: _____
DATE OF BIRTH: _____ MALE/FEMALE: _____ GRADE: _____

GUARDIAN 1

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____

GUARDIAN 2

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____

WHAT SCHOOL DOES YOUR CHILD ATTEND: _____
DOES YOUR CHILD ATTEND AFTER SCHOOL ACTIVITIES: (circle one) YES NO
WHICH ACTIVITIES? _____

DOES YOUR FAMILY HAVE PETS? (circle one) YES NO
PLEASE NAME YOUR PETS AND THEIR SPECIES: _____

HAS YOUR CHILD EXPERIENCED A RECENT LOSS OF A PET? (circle one) YES NO
IF SO, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? (circle one) YES NO
IF SO, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT BHS SHOULD BE AWARE OF IN ORDER THAT WE MAY ACCOMMODATE THEM TO ENSURE THE BEST EXPERIENCE POSSIBLE? (circle one) YES NO
IF SO, PLEASE EXPLAIN: _____

EMERGENCY CONTACT INFORMATION

PLEASE INDICATE THE *FIRST PERSON* TO CONTACT IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ CELL: _____

PLEASE INDICATE THE *SECOND PERSON* TO CONTACT IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ CELL: _____

AUTHORIZED PICK-UP LIST

Please give the names of those individuals whom your child may be released to (include carpool drivers and those who are authorized to pick up in an emergency – identification will be verified upon pick up):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

STATEMENT OF AGREEMENT, GENERAL AND MEDIA RELEASE

Please read and sign the following statement if you accept this disclosure: The undersigned parent or guardian of the above named child (“Minor”) hence consents to the Minor participating in Humane Heroes of Butte Humane Society (the “Humane Heroes Program”) as run by the Butte Humane Society, Chico, California (BHS) and all of the related activities and programs. The undersigned, for herself or himself and on behalf of said Minor, does hereby and unconditionally release, indemnify, hold harmless and forever discharge BHS, its employees, successors, assigns, and agents and each of them, 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 the Humane Heroes Program. As to matters covered hereby, the CONSENT AND RELEASE shall extinguish all claims, demands, and rights which the undersigned or the Minor (and/or each of their heirs, successors, and assigns) has or may 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 such Humane Heroes Program whether such injuries, costs or damages are known or unknown, foreseen or unforeseen, ascertainable or unascertainable. The undersigned also agrees that BHS may photograph, film, or record audio the Minor’s participation in the Humane Heroes Program and hereby releases any such media to BHS for its use in programs, publications and promotions.

RELEASE WAIVERS: I understand the release policy as described above and authorize Butte Humane Society to release my child to the person(s) listed above. I have read and understood the above Release and agree to its term and conditions.

Parent/Guardian’s Printed Name Parent/Guardian’s Signature Date

**Please return the completed form to Honey Souza, Butte Humane Society, 2580 Fair St, Chico, CA 95928,
Fax: 530.895.0726 Email: honeysouza@buttehumane.org**

If you have any questions, please call 530.343.7917 x 109.