



## SUMMER CAMP INFORMATION

**Location:** Lycoming County SPCA, 2805 Reach Road, Williamsport, PA.

**Contact Information:** Phone- 570-322-4646  
Cell- 570-419-0592 (for immediate needs during camp day only)  
Email- lycospca@lycomingspca.org

**Camp Hours:** Monday through Friday from 9 a.m. to 3 p.m.  
Extended hours available to 5 p.m. at an additional cost of \$25 for the week.

**Drop-off and Pick-up Procedures** The entrance for SPCA Safari Camp is at the double doors located at the front of the building. 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. We look forward to meeting you and giving you a brief overview of camp activities. From this point on, parents may arrive by car and have their child ready for pick up at the front door. **Anyone that has not been authorized to pick up a camper will not be allowed to check that camper out until SPCA staff has cleared that person with the camper's parent/guardian.**

**Camp Activities:** Children will learn about domestic animals that include birds, fish, horse, reptiles, rabbits, rodents, cats and dogs. There will be hands on activities with shelter animals, crafts, discussion, observations, speakers, and outdoor activities. Topics may incorporate learning skills of reading, writing, spelling, science, math, history, language, music, art, and geography. While activities do focus on animals, we do not *play* with animals all day. Camp sessions are age-appropriate and are designed to encourage respect for all living things. We will also spend some time outdoors on SPCA property. If your child requires sunscreen or bug deterrent they must be able to apply it themselves or have it applied at home prior to camp.

A copy of our camp curriculum is available for review.

**About the Animals:** Campers will interact only with approved animals that have had temperament evaluations. At no time will any camper be permitted to interact with any animal on their own. All interactions are supervised for the safety of your child as well as the safety and wellbeing of the animals.

**Staff:** Our Camp Director is a certified teacher in the State of Pennsylvania with documented background clearances. Staff and volunteers assisting the Camp Director also have background clearances. If you have any questions about our staff's qualifications, please address them with the Executive Director prior to the start of camp.

**Adult to Child Ratio:** Class size is limited to sixteen children with one adult teacher and one adult camp aide.

**Cost:** \$200.00 includes 5 days of camp from 9 a.m. to 3 p.m. Extended hours from 3 p.m. to 5 p.m. is an additional \$25.00. Children enrolled in camp will receive instruction by a certified teacher, a t-shirt, craft supplies, and hands on learning about animals.

**Dates for 2017:**

Ages	6 ½ to 8	June 19 to 23	or	July 17 to 21
	8 ½ to 10	June 26 to 30	or	July 31 to August 4

10 ½ to 13      July 10 to 14      or      August 7 to 11

**Allergies/Phobias:** If your child has animal allergies or fear of certain animals, please do not enroll them in this camp. This camp is for the enjoyment and education of the children participating in the camp and is not designed to deal with phobias.

Children and staff will be bringing lunch each day. We are unable to accommodate children who cannot be in a room that has foods they are allergic to.

**Snacks and Lunch:** You will need to provide foods for snack time and lunch. Make sure you include a beverage.

**Special Needs:** You must contact the SPCA in advance if your child requires any special needs accommodations.

**For Tax Reporting:** If you are applying camp tuition as a childcare expense for tax purposes, our EIN # is 24-085771



Summer Camp Registration

Please Print

Camper's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

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

Who will be picking up your child from camp? (Please list all names that apply)

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

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

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

T-shirt Size: (please circle size and color) Child size: SM MED LG or Adult size: SM MED LG  
Color: Blue Gold Pink

Please note that we order the shirt size you put on this form if registration is provided two weeks prior to camp. Please plan for growth spurts so that your child's shirt will fit. 😊

First Choice date of camp \_\_\_\_\_ Second Choice date of camp \_\_\_\_\_

Camp is filled on a first-come, first-served basis. A completed registration with full payment will secure your child's place in class. There is a \$25 cancellation fee if you should cancel your child's enrollment. There is a \$50 fee for checks returned for insufficient funds.

This completed form, a completed permission form, and payment may be mailed or dropped off at the shelter at 2805 Reach Road, Williamsport, PA 17701. Checks should be made payable to the Lycoming County SPCA. We will confirm your enrollment upon receipt of the above. Should the camp date(s) be full, you will receive a full refund. Thank you!

For Office Use: Date paid \_\_\_\_\_ Time: \_\_\_\_\_

Paid by : Cash Check # \_\_\_\_\_ Money order Employee \_\_\_\_\_



**Permission Form**

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

Address \_\_\_\_\_  
(street, city, state, zip)

Allergies \_\_\_\_\_

Any special considerations we should know about? \_\_\_\_\_  
\_\_\_\_\_

The Lycoming County SPCA staff cannot dispense medications. Please make arrangements for your child to take medication before or after camp hours. Depending on the weather, we will be outdoors for portions of the day, if you require your child to wear sunscreen or insect repellent while outdoors please include the sunscreen or repellent with your child's belongings. He/she will be responsible for applying the sunscreen.

Emergency Contact names and Phone Numbers:

\_\_\_\_\_  
Name and relation Phone

\_\_\_\_\_  
Name and relation Phone

\_\_\_\_\_  
Name and relation Phone



**WAIVER AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_ (Print Name Here), in consideration of allowing my child \_\_\_\_\_ (Print Name Here), to participate in SPCA Safari Camp offered by the Lycoming County SPCA (hereafter called "SPCA") and any related events and activities (hereafter called "CAMP"), and intending to be legally bound, hereby agree to the following:

- 1.) I recognize that interacting with animals and participating in outdoor activities could lead to my child's permanent disability and death, and severe social and economic losses which might result not only from my child's actions, but actions or negligence of others, or the condition of the premises; and, further, that there may be other risks not known or not reasonably foreseeable at this time.
- 2.) I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the CAMP. I represent and warrant that my child is physically fit and has no medical condition which would prevent full participation in the CAMP.
- 3.) I desire my child to participate in CAMP offered by the SPCA. I understand that participation in the CAMP is voluntary.
- 4.) Prior to participating, I will inspect the premises, and if I believe anything is unsafe, I will immediately advise the SPCA of such condition(s).
- 5.) I assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of my child participating in the CAMP.
- 6.) In further consideration of being permitted to participate in the CAMP, I knowingly, voluntarily and expressly waive any claim my child may have against the SPCA, any instructors associated with SPCA, and any employee, volunteer, administrator, officers, and the board of directors associated with the foregoing (all collectively hereinafter referred to as the "Releasees") for injury or damages that my child may sustain as a result of participating in the CAMP.
- 7.) I, my heirs and/or legal representatives forever release, waive, discharge and covenant not to sue the Releasees for demands, losses or damages on account of injury, including death or disability, caused or alleged to be caused in whole or part by negligence or other acts of the Releasees, or any third party.

I have read the above waiver and release from liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Witness)



**Photograph Agreement**

I, (Parent/Guardian Name) \_\_\_\_\_,  
(parent name printed)

give permission for the Lycoming County SPCA staff or volunteers to take photographs or videos of my child

\_\_\_\_\_  
(Child's name printed)

while participating in Lycoming County SPCA activities and programs, which may be used by Lycoming County SPCA for publicity purposes. I authorize the Lycoming County SPCA, its assigns and transferees to copyright, use, and publish the same in print and/or electronically, including, but not limited to, the Lycoming County SPCA websites and social media.

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