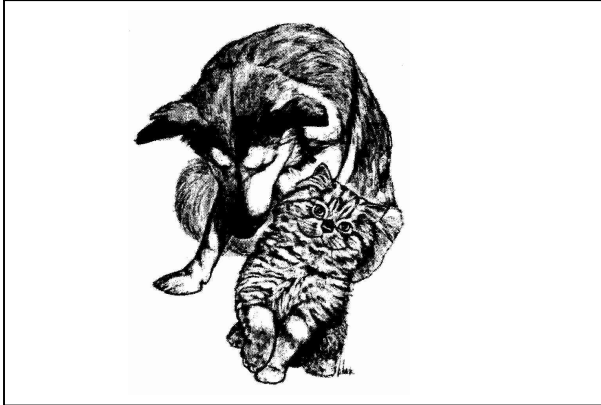


**FREE TO LIVE
CRITTER CAMP 2011**

REGISTRATION FORM



AGES: 7 – 12 years old
DATES: June 20, 21, 23 ,24
TIME: 9:30 a.m. – 12:00 p.m.
COST: \$ 50.00 per camper
Includes supplies

Name of Camper: _____ Age: _____ Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Guardian: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Who will bring the child to camp? _____ Phone: _____

Who will pick up the child from camp? _____ Phone: _____

Pets that you currently own? Dog ___ Cat ___ Rabbit ___ Other _____

As always, there will be exciting topics and activities, include animal handling, creating animal art work, learning about animal behavior and safety around animals.

Please note: Camp is not held on Wednesday since Free To Live is closed that day.

Please complete the included medical form.

Medical Release Form

Illness (please check any that apply):

___ Asthma ___ Diabetes ___ Epilepsy
___ Convulsions ___ Heart Disease ___ Other (please specify)

Is the camper currently taking any medication prescribed by a physician? If so, please explain:

Is the camper restricted from participating in any physical activity? If so, please explain:

IN CASE OF EMERGENCY

Please list an individual who may be reached in an emergency to act on your behalf.

Name: _____ Phone: _____

Relationship to Camper: _____

I have read and answered all of the questions above. I understand and agree Free To Live Animal Sanctuary is not liable for any injuries or damages sustained by any child attending the Critter Art Camp. I am the natural parent or legal guardian of the camper named in this registration and represent that the facts set forth in this registration are true. I hereby give my permission for my child to participate in the Critter Art Camp and in consideration of this child being allowed to participate in the camp, on behalf of myself and my child or ward, hereby release and discharge Free To Live Animal Sanctuary and its employees and agents for any liability, loss, damage or injury sustained by my child or ward as a result of attending the Critter Art Camp.

Signature: _____ Date: _____

We have limited space available, so please call Free To Live at 282 -8617 to ensure that there is available space. Payment should be sent with this registration form to:

**Free To Live
P. O. Box 5884
Edmond, Ok 73083-5884**