

VET FOR A DAY REGISTRATION FORM

Workshop Date: _____ Student: _____ Age: _____
Parent/Guardian: _____ Phone: _____
Street: _____ City: _____ Zip: _____ Email: _____

Who will be picking up your child (If not parent)?

Name: _____ **Phone:** _____

Tuition Due at Registration: \$65.00 (Send check or money order made out to VBSPCA & completed form to: Kathy Shambo, Education Director, Virginia Beach SPCA 3040 Holland Rd Virginia Beach, VA 23453. *(There is a \$10.00 cancellation fee if you should cancel your child's enrollment. There is a \$35.00 fee should your check be returned).*)

PERMISSION/WAIVER

Allergies: _____

VBSPCA cannot dispense medications. Please make arrangements for your child to take medication before or after workshop hours.

Any special considerations we should know about? _____

Emergency Contacts: Names & Phone Numbers:

I, *(Parent/Guardian Name)* _____, give permission for my child to participate in the activities at the Virginia Beach SPCA Vet for a Day Workshop. This includes activities that involve work with animals, touching animals, and/or being around animals. I agree that the Virginia Beach SPCA shall not be responsible for any injuries or losses sustained by above named child while on any Virginia Beach SPCA premises, or as a result of any Virginia Beach SPCA sponsored activity. I further agree to indemnify and save harmless the Virginia Beach SPCA from any claims or demands arising out of any such injuries or losses.

Signature: _____ Date: _____

PHOTOGRAPH AGREEMENT:

I, *(Parent/Guardian Name)* _____, give permission for Virginia Beach SPCA staff or volunteers to take photographs or videos of my child while participating in VBSPCA activities and programs, which may be used for Virginia Beach SPCA publicity purposes. I authorize the Virginia Beach SPCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically, including, but not limited to, VBSPCA websites and social media.

Signature: _____ Date: _____