

VET FOR A DAY REGISTRATION FORM

(Workshop Date:	Location: VBSPCA / Happy Paws / No Preference			
	Student:		Age:	<u> </u>	
ı	Parent/Guardian:			Phone:	
:	Street:	_ City:	Zip:	Email:	
	Who will be picking up your child (Name:	• •	Phone:		
I	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:				
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ا	(Parent/Guardian Name), give permission for my child to participate in the activities 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 f losses sustained by above named child while on any Virginia Beach SPCA premises, or as a result of a SPCA sponsored activity. I further agree to indemnify and save harmless the Virginia Beach SPCA from				A shall not be responsible for any injuries or	
				, ,	
(demands arising out of any such injurie	es or losses.			
	Signature:		Dat	e:	
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	PHOTOGRAPH AGREEMENT:				
 	(Parent/Guardian Name), give permission for Virginia each SPCA staff or volunteers to take photographs or videos of my child while participating in VBSPCA activities and rograms, 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, BSPCA websites and social media.				
	Signature:	Ī	Date:		