**KID’S N KRITTERS BOOKING FORM**

Complete the booking form and return by email along with the *Attendance Agreement* to rspca@rspca-act.org.au or fax to 02 6288 3184.

* Payment is required at time of booking. Payment may be made via credit card (see page 3), over the phone (6287 8100) or in person at the shelter.
* Bookings will not be confirmed without payment.
* Cancellations of bookings made with a minimum 7 days’ notice will result in the refund of all monies paid minus a $15 administration fee.
* Cancellations that are made with less than 7 days’ notice will not be refunded.
* Program activities are conducted by RSPCA ACT staff with the assistance of volunteers (all hold current working with vulnerable person’s cards).
* The RSPCA ACT reserves the right to ask for identification when collecting a participant from a session.
* RSPCA ACT reserves the right to cancel any advertised activity when unavoidable.
* For safety reasons all participants must wear the appropriate clothing. Appropriate clothing includes a hat, closed toe shoes and warm clothing on cooler days. Thongs and sandals are not acceptable footwear. A participant will be refused entry if not dressed appropriately. Participants are advised to wear sunscreen.
* Participants are required to bring their own labeled water bottle and lunch or a snack if they are participating in consecutive sessions (food items must be nut and egg free).
* Parents/guardians are not able to attend a session with their child. Parents/guardians are welcome to wait in our waiting area for the duration of the session. Under special circumstances a parent /guardian may obtain permission to attend, however the parent/guardian is required to hold a WWVP card and pay the participant fee in full.

|  |  |
| --- | --- |
| **Participant Name:**  | **Gender: Select** |
| **Date of Birth: Select** | **Allergies/Medical Conditions:** *If yes, action plan to be provided with booking form* |
| **Address:** | **Postcode:** |
| **Email:** |
| **Emergency Contact:** | **Phone Number:**  |
| **Alternate Nominated Contact:** | **Phone Number:** |
| **Program Day/Date: Select – Sessions for 7-9 year olds or Select – Sessions for 10-13 year olds** |

*Attendance Agreement*

I understand that:

* It is my responsibility as parent/guardian to ensure my child is collected on time and I understand that late pick up fees will apply. Should I, or the nominated contact named above, be more than 5 minutes late I understand I will be charged at a rate of $10.00 per minute, to be paid in cash at time of pick up.
* Participants will be involved in supervised, hands-on activities.
* During the session participants may encounter a range of animals such as: dogs, cats, rats, chickens, rabbits, and guinea pigs.
* Only participants wearing appropriate clothing will be admitted into the program.
* RSPCA ACT staff reserve the right to remove any participant from the program and contact parent/guardian when deemed necessary.
* If a participant puts themselves, others or animals at risk, they will be removed from the program.
* RSPCA ACT is a ‘walking site’ only.
* Should a participant be unable to complete the program, the parent /guardian will be contacted and they will be required to collecttheir child in a timely manner.

**BEHAVIOUR REQUIREMENTS**

The participant is able to:

* Follow clear instructions (eg: Do not put your face near the dog’s face) given by RSPCA ACT staff or volunteers.
* Remain calm and quiet when asked to do so.
* Treat other participants, staff and animals with kindness and respect.
* Not touch or pat an animal unless given permission to do so.

**IMAGE RELEASE**

[ ]  I allow my child to be in photographs that may be used to promote RSPCA programs in the future; web, social media and print

[ ]  I do not allow my child to be in photographs that may be used to promote RSPCA programs in the future; web, social media and print and will supply a photograph of my child that will be used only as an identifier so they can be exempt from all photos. (Email: Jess.McNamara@rspca-act.org.au or attach to form).

**DISCLAIMER**

Participants will be involved in a range of hands-on activities visiting various parts of the RSPCA ACT site. Activities may include visiting the veterinary clinic. I understand that while the RSPCA ACT takes all reasonable precautions to ensure the safety of participants, all participants enter at their own risk. I consent to the above mentioned participant taking part in activity sessions. By enrolling in these programs you acknowledge that you understand this disclaimer and release RSPCA ACT and its employees, agents, volunteers and contractors from any liability whatsoever, to the extent permitted by law.

**HOW DID YOU HEAR ABOUT KIDS N KRITTERS?**

[ ] RSPCA Website [ ]  Facebook [ ]  Email [ ]  Holiday Happenings [ ]  Family/Friends [ ]  Other:

**I have read and understand the above Attendance Agreement and Behaviour Requirements.**

**Name of Parent/Guardian: Enter your name for signature Date: Select Date**

Action Plan attached if required: [ ] Yes [ ]  No

***This Agreement is between The Royal Society for the Prevention of Cruelty to Animals (ACT) (RSPCA) and the above named participant and parent/guardian.***

***To ensure all participants have a safe and enjoyable experience attending the RSPCA Programs, parents/guardians must read and complete the attendance agreement.***

**Credit Card Payment Form**

 Payment For: **Kid’s N Kritters**

Total:

Card Holder Name:

Card type: Select

Card Number:

Expiry Date: CCV Number:

Signature:  **Enter your name for signature Date: Select Date**

**\*\*Office Use Only\*\***

**Payment: Approved Declined**

**Payment taken by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**