



## Zoo Camp Registration- 2010

*Please use one registration form per child.*

**Participant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

As part of the zoo conservation efforts we prefer to send letters and forms electronically.



**Camp Title**

**Date of Camp**

1<sup>st</sup> camp \_\_\_\_\_

2<sup>nd</sup> camp \_\_\_\_\_

3<sup>rd</sup> camp \_\_\_\_\_

Yes, I am interested in waiting lists, or other open classes, if the above classes are full.  
*Classes are filled on a first come, first served basis. Payment secures your registration.*

**Does the participant have any allergies or special needs?**  Yes  No If yes please specify:

\_\_\_\_\_

**Pick –Up Authorization**

Please specify the names of all persons authorized to pick up your child from Camp. Photo IDs will be checked daily, and no child will be sent home with anyone other than those you have listed.

\_\_\_\_\_

**Method of Payment**

**3-Day Camps:**

**2-Day Camps:**

**1 – Day Camps:**

\_\_\_ \$75

\_\_\_ \$55

\_\_\_ \$30

**Total Charge:** \_\_\_\_\_

\_\_\_ \$70 for Zoo members

\_\_\_ \$50 for Zoo members

\_\_\_ \$27 for Zoo members

\_\_\_\_\_

Enclose a check made payable to: Children's Zoo at Celebration Square  
 Mail to: 1730 S. Washington Ave., Saginaw, MI 48601

Charge to your Visa or MasterCard account:  
 Card type: Visa  MC  Expires: \_\_\_\_/\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Total Amount \$ \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_

*For office use only:*  
 Date received \_\_\_\_\_  
 Payment \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Added to roster \_\_\_\_\_  
 Paperwork sent \_\_\_\_\_

*You will be notified of your child's acceptance in a camp. Once enrolled in a camp, fees are non-refundable.*



**Zoo Camp Registration- 2010**

**Medical Release Form**

*Please use one registration form per child.*

**Participant's Name** \_\_\_\_\_

In case of an emergency, whom should we contact?

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

2<sup>nd</sup> Phone \_\_\_\_\_

2<sup>nd</sup> Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Will your child need to take any medication while at Zoo camp?  Yes  No, if yes please specify:

Medication Name:	
Purpose of Medication:	
Dosage of Medication to be Given:	
Times Medication is to be Given:	
Has your child experienced any side effects from this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please explain.	
Is there anything else we should know about this medication or your child's reactions?	
Administration of Medication Authorized By:  _____	
Parent or Guardian Signature _____ Date _____	
<i>Medication can only be accepted in the original bottle.</i>	
Name of Child's Physician: _____	Physician's Phone Number: _____
Health Insurance Carrier:	
Health Insurance Policy Number:	
Hospital Preferred for Emergency Treatment:	

My child has permission to participate in all camp activities. I authorize the Children's Zoo at Celebration Square to use local emergency services in order to secure proper treatment for my child named above if unable to contact emergency contacts named above. I also consent and authorize the Children's Zoo and the Saginaw Zoological Society to use my child's name and photograph for education and public relations purposes related to the Zoo.

I am the parent or legal guardian of the above named child who is under the age of 18 years and who wants to participant in the Children's Zoo Camp program. In consideration of my child's participation in the program(s), I hereby release, waive and hold harmless the Children's Zoo at Celebration Square and all of its instructors, employees, officers, director, agents and volunteers from any and all liability, losses or claims to me , to my child and to all my legal representatives, assigns, heirs and next of kin for damage and injury to me or my child or to any person or property arising out of participation in the program whether on Children's Zoo property or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of the Children's Zoo staff or any of the individuals listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date