

2024 Zoo Camp Registration Form

(Please fill out one form per child)

Camper's Name:	Camp Session:
Age:	Birth Date:
Parent/Guardian's Name:	Phone Number:
Parent/Guardian's Name:	Phone Number:

Address:	
City, State, Zip:	
Phone Number:	Work Phone Number:
Email:	
Other people who may pick-up your child:	
1)	
2)	
3)	

Emergency Information

Allergies:
Can Wilderness Walk Zoo Staff give your child Children's Benadryl in the event of a minor allergic reaction? <p style="text-align: center;">_____Yes _____No</p>
Medical Conditions:
Medications:
*Note: Children on medications need to be self-medicating. The zoo is not responsible for dispensing or storing medications.

Media Release Waiver:

I give permission to Wilderness Walk Zoo and its representatives to take and use my child’s image and/or quotes for any purpose, including advertising and publicity through any media (social media, radio, and television). I understand that in this instance, my child or I will not be identified or compensated. I further agree that all property rights in and to any advertising or publicity materials, films or recordings containing my image or quotes, or my child’s, are the sole and exclusive property of Wilderness Walk Zoo.

I have carefully read, clearly understand, and accept the terms and conditions stated here and acknowledge that this agreement shall be effective and binding upon releasors. This agreement must be signed before the child’s participating in zoo camp.

<input type="checkbox"/> Yes, I give permission for my image/my child’s image to be utilized	
<input type="checkbox"/> No, I do not give permission for my image/my child’s image to be utilized	
Signature of guardian:	Date:

In the event of an emergency, I hereby authorize Wilderness Walk Zoo and its staff to seek medical treatment for my child in the event of an emergency injury or illness. I also grant permission to the physician selected by Wilderness Walk Zoo staff to secure and administer any treatment deemed necessary, including ambulance transfer and hospitalization. I understand every attempt will be made to contact me or those listed on this form as emergency contacts if such an event occurs.	
Guardian’s Name:	Guardian’ Signature:

<p>Zoo Camp Forms must be completed and sent back by email or mail to secure your spot!</p> <p>Email: wildernesswalkpaige@gmail.com</p> <p>Or Mail to Wilderness Walk Zoo: Attn: Zoo Camp Wilderness Walk 9503 N State Rd. 27 Hayward, WI 54843</p> <p>For more information contact Paige Sulley: (715) 558-8380 * Email: wildernesswalkpaige@gmail.com</p>
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