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 cl 1) 2) 3)	hild:
,	gency Information
Allergies:	
allergic reaction?	our child Children's Benadryl in the event of a minor YesNo
Medical Conditions:	
Medications:	
*Note: Children on medications need t dispensing or storing medications.	to be self-medicating. The zoo is not responsible for

	Emergency Contacts:	
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:
	registration, other shirts may be	shirts during their camp week, they purchased for an additional \$15.
Full payment is required at the tin	Camp Fees ne of registration to reserve a sp	pace for your camper.
Cancellation and Refund Policy	<u>.</u>	
Cancellations made more than 3 w of 75% of the program fee. Refund session, or for no-shows regardless	ds will not be issued for less that	-
Acceptable Forms of Payment:		
Cash, check, Venmo: @Wildernes via card, please contact us for an in		sa, or Discover). For payments
4-Day Camp Fee Summary: Camp: \$ (Early bird \$200, Regular \$250, Last Chance Add-ons: Lunch Meal Plan (\$40): \$ Extra T-Shirt (\$15): \$ Total: \$	Camp: \$	### Regular \$55, Last Chance \$65) Plan (\$10): \$ t (\$15): \$
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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.

Yes, I give permission for n	my image/my child's image to be utilized
No, I do not give permission	on for my image/my child's image to be utilized
Signature of guardian:	Date:
medical treatment for my child in permission to the physician selecte any treatment deemed necessary,	reby authorize Wilderness Walk Zoo and its staff to seek the event of an emergency injury or illness. I also grant ed by Wilderness Walk Zoo staff to secure and administer including ambulance transfer and hospitalization. I
	made to contact me or those listed on this form as
understand every attempt will be a emergency contacts if such an ever Guardian's Name:	made to contact me or those listed on this form as
emergency contacts if such an ever Guardian's Name:	made to contact me or those listed on this form as nt occurs. Guardian' Signature:
emergency contacts if such an ever Guardian's Name:	made to contact me or those listed on this form as nt occurs.
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emergency contacts if such an ever Guardian's Name: Zoo Camp Forms must be comple Email: wildernesswalkpaige@gmail	made to contact me or those listed on this form as nt occurs. Guardian' Signature: ted and sent back by email or mail to secure your spot!
emergency contacts if such an ever Guardian's Name: Zoo Camp Forms must be comple Email: wildernesswalkpaige@gmail Or Mail to Wilderness Walk Zoo:	made to contact me or those listed on this form as nt occurs. Guardian' Signature: ted and sent back by email or mail to secure your spot!
emergency contacts if such an even Guardian's Name: Zoo Camp Forms must be comple Email: wildernesswalkpaige@gmail Or Mail to Wilderness Walk Zoo: Attn: Zoo Camp Wilderness Walk	Guardian' Signature: ted and sent back by email or mail to secure your spot!
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