

Keeper-in-Training (KIT) Registration Form

Cost:

\$130 Nonmembers

\$120 Members

KIT program runs 9 a.m. to 4 p.m. daily

Session Dates:

- ___ Week 1: June 20, 2022 to June 24, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 2: June 27, 2022 to July 1, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 3: July 4, 2022 to July 8, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 4: July 11, 2022 to July 15, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 5: July 18, 2022 to July 22, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 6: July 25, 2022 to July 29, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 7: August 1, 2022 to August 5, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 8: August 8, 2022 to August 12, 2022, 9 a.m. to 4 p.m. daily
- ___ Week 9: August 15, 2022 to August 19, 2022, 9 a.m. to 4 p.m. daily

Registration Information:

KIT Name: _____ Age: _____ Pronouns: _____
Name of Parent or Guardian: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ or _____
Email: _____ Check this box to be added to our e-mailing list:
Before-Care? Please circle one: YES / NO | Date(s) of before-care: _____

Do you have a Forest Park parking pass? (Circle one) YES NO

The Zoo will provide you with a complimentary parking pass to enter the park if you **do not** have a Forest Park Parking Pass. You also have the option to **purchase a Forest Park parking pass**. A Forest Park parking pass is valid through December 31, 2022. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2022. This pass is **NOT** valid for Bright Nights. *If you plan on visiting Forest Park after the Zoo Camp season is over, this is great option but is not necessary to enter Forest Park for Zoo Camp alone!* Please check here if you would like to purchase a pass (\$10):

Payment: TOTAL COST: \$ _____

(Please circle one): Check Cash Visa MasterCard Discover *The Zoo does not accept American Express credit cards.

Please make checks payable to: **Forest Park Zoological Society**

Reservations aren't confirmed until paid in full.

Name on Card: _____ Signature: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Card Number: _____ Expiration Date: ____ / ____ CVC: _____



THE ZOO
IN FOREST PARK
& EDUCATION CENTER

Please send completed registrations via regular mail, email, or fax to:

The Zoo in Forest Park & Education Center

Attn: Education Department
P.O. Box 80295
Springfield, MA. 01138-0295

Education Office: 413-733-2251, ext. 305 | Email:
education@forestparkzoo.com | Fax: 413-733-2330

Important Information

Please initial here to confirm you have read the below information _____

- KITs will be outside during most hours of the program each day. Please make sure your KIT is prepared for the weather and daily activities (boots, jackets, etc.).
- The Zoo hosts the KIT program in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact KIT families as soon as possible to discuss alternate drop-off, pick-up or Zoo closing. Please note: if you cannot reach The Zoo via phone or email, you can send a message to our Facebook page (*The ZOO in Forest Park and Education Center*); even without power or access to email, KIT staff may be able to access Facebook messages.
- The KIT program serves children ages 14 to 18.
- The KIT program runs daily, Monday through Friday, 9 a.m. to 4 p.m. Late fees may be assessed for reoccurring late pickups.

Medical Information

*** IMMUNIZATION RECORDS MUST BE ATTACHED***

KIT's Name: _____ Age: _____

List any pertinent medical conditions of which we should be aware (i.e. medical conditions, mental health differences, allergies, recent injuries, etc.):

Physical description of child or current picture:

Eye color: _____ Hair Color: _____ Gender Identity: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Child's Physician: _____ Phone: _____

Address: _____

Health Insurance: _____

Policy Number: _____

Authorization to Administer Medication to a KIT

(ONLY NECESSARY TO FILL OUT IF YOUR KIT NEEDS MEDICATION DISPENSED WHILE AT THE ZOO.)

KIT and Parent/Guardian Information:

KIT's Name: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis: _____

Licensed Prescriber: _____

Phone Number: _____ Fax Number: _____

Medication Information:

Name of Medication 1: _____

Dose Given at Camp: _____

Frequency: _____

Route of Administration (oral, injectable, etc.): _____

Date Ordered: _____
Duration of Order: _____
Quantity Received: _____
Expiration Date of Medication Received: _____
Special Storage Requirements (fridge, etc.): _____
Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Medication 2: _____
Dose Given at Camp: _____
Frequency: _____
Route of Administration (oral, injectable, etc.): _____
Date Ordered: _____
Duration of Order: _____
Quantity Received: _____
Expiration Date of Medication Received: _____
Special Storage Requirements (fridge, etc.): _____
Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Other Medications (not taken at Zoo Camp): _____

Authorization Information:

I hereby authorize the Health Care Consultant of properly trained health care supervisor at **Zoo Camp at The Zoo in Forest Park** to administer to my child, _____, the medication(s) listed above, in accordance with 105 CMR 430.160© and 105 CMR.160(D).

If above listed medication instructions include epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the Health Care Consultant (circle one).
YES NO

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer (circle one).
YES NO

If the above listed medication includes insulin for diabetes management:

I hereby authorize my child to self-administer, with approval of the health care consultant (circle one).
YES NO

Signature of Parent:

Signature: _____ Date: _____
Name of Parent/Guardian: _____

PLEASE INCLUDE A COPY OF YOUR CHILD'S MEDICATION ACTION PLAN (PROVIDED BY YOUR MEDICAL PROVIDER).

Consent Form:

Please initial on line after each statement.

I understand that the staff at the Zoo in Forest Park & Education Center are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate. _____

I give permission for my KIT to self-apply sunscreen and bug spray that I provide for my KIT. _____

In the case of emergency, I give The Zoo in Forest Park & Education Center permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached. _____

I give The Zoo in Forest Park & Education Center permission to take my child to the adjacent playgrounds, fields, and ponds inside Forest Park with proper supervision and weather permitting. This includes the pool and/or sprinkler park. _____

I give The Zoo in Forest Park & Education Center permission show G and PG rated animal themed movies, TV shows, and videos during the camp day during inclement weather, including excessive heat or cold and thunder storms. _____

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (KIT), give my permission for them to participate in the **Keeper-in-Training program** at The Zoo in Forest Park. I (and my KIT) agree to be bound by all rules and regulations established by the Forest Park Zoological Society operating the Zoo in Forest Park, and to use due care and caution while on the grounds of The Zoo.

I agree to hold harmless, the Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives for any and all injuries and damage (i.e. allergies, etc.) incurred by my KIT while on the grounds of the Zoo in Forest Park and in Forest Park during operating hours.

I hereby give Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives, the right to use the Applicant's name, picture or likeness in all forms and media and in all manners, including composite and distorted representations, for advertising, trade, or any other lawful purpose, and waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I am the parent or guardian of the applicant minor named above and have the legal authority to execute the above release. I have read this release and am fully familiar with its contents. I approve the foregoing and waive any rights in the premises.

Signature: _____ Date: _____

KIT Driving Release

If your KIT will be driving themselves to and from the program, please fill out the release below.

I, (parent/guardian name) _____, parent/guardian of (Keeper-in-Training (KIT) participant) _____, hereby release The Zoo of any and all liability regarding my KIT driving themselves to and from the Keeper-in-Training program. I am also aware that my KIT must adhere to Forest Park driving and parking regulations and that The Zoo is not responsible for any damage/theft/other concerns regarding the car driven to and from the KIT program.

Signature: _____ Date: _____

Parent/Guardian & Authorized Pick-up Info:

Parent/Guardian #1: _____
Email Address: _____
Relationship to KIT: _____
Home Address: _____
Home Phone Number: _____
Work Address: _____
Work Phone Number: _____
Cell Phone Number: _____

Parent/Guardian #2: _____
Email Address: _____
Relationship to KIT: _____
Home Address: _____
Home Phone Number: _____
Work Address: _____
Work Phone Number: _____
Cell Phone Number: _____

This list of contacts you provide The Zoo in Forest Park & Education Center will be used in case of an emergency if the parent/guardian (listed above) cannot be reached. Contacts will be called in the order in which they are listed beginning with the Parent/Guardian #1. The list will also serve as a release form. Please supply a written or e-mailed note to Caroline Cay Adams, Director of Education, if anyone other than the parent, guardian or emergency contacts below will be picking up.

KIT's will not be released to anyone except the parents/guardians and those who are listed below unless written confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.

Contact #1:	Contact #2:	Contact #3:
Relationship to child:	Relationship to child:	Relationship to child:
Phone number:	Phone number:	Phone number:

I give permission to the above listed contacts to pick up my child from the Zoo in Forest Park and Education Center.

Parent/Guardian Signature

Date

Other Notes for Zoo Camp Staff:
