

# Summer Zoo Camp Registration 2023

## Weekly Rates:

Member: \$275.00

Nonmember: \$300.00

## Before-Care, 8 a.m. drop-off

\$12 per day

\$50 per week

## Session Dates:

\_\_ Week 1: June 19 to June 23, 2023 \_\_ Week 6: July 24 to July 28, 2023

\_\_ Week 2: June 26 to June 30, 2023 \_\_ Week 7: July 31 to August 4, 2023

\_\_ Week 3: July 3 to July 7, 2023 \_\_ Week 8: August 7 to August 11, 2023

\_\_ Week 4: July 10 to July 14, 2023 \_\_ Week 9: August 14 to August 18, 2023

\_\_ Week 5: July 17 to July 21, 2023

## Registration Information:

Camper 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? (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, 2023. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2023. 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: Each credit card charge is subject to a 5% service charge.

Weeks of Zoo Camp: \_\_\_\_\_ x Cost per week: \$ \_\_\_\_\_ = \$ \_\_\_\_\_ + Service charge (5% of Zoo Camp total) \$ \_\_\_\_\_:

TOTAL COST: \$ \_\_\_\_\_

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

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ CVC: \_\_\_\_\_,

Please make checks payable to: Forest Park Zoological Society

## Important Information

Please initial here to confirm you have read and accept the below information \_\_\_\_\_

-Registrations will be confirmed via the email provided within 3 business days. If you do not receive an email in your inbox or spam box, please reach out to confirm that The Zoo received the registration.

-The Zoo hosts Zoo Camp in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact Zoo Camp families as soon as possible to discuss alternate drop-off, pick-up or Zoo Camp closing.

-Zoo Camp serves children ages 6 to 13 only.

**-No refunds will be processed unless documentation from a medical provider is provided stating a medical exemption from participation in Zoo Camp (or for dismissal from Zoo Camp; see camper code of conduct on page 6).**

**-PAYMENT MUST BE MADE UPON REGISTRATION (credit card/cash). Checks and all outstanding paperwork must be submitted within (7) days of submitting the registration or the spot will be released with no refund.**

Please send completed registrations to:  
The Zoo in Forest Park & Education Center  
P.O. Box 80295 | Springfield, MA. 01138-0295  
Education Office: 413-733-2251, ext. 3  
Email: education@forestparkzoo.com  
Fax: 413-733-2330

# Medical Information

*\*IMMUNIZATION RECORDS MUST BE ATTACHED\**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

List any pertinent medical conditions of which we should be aware (i.e. medical conditions, neurodivergent diagnoses such as ADHD, ASD, other diagnoses such as anxiety or PTSD, allergies, recent injuries, etc.):

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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: \_\_\_\_\_

Does your child have an IEP (individualized education program) at school? YES / NO

*If yes, please attach a copy to the registration.*

## Authorization to Administer Medication to a Camper

*(must be completed by a parent/guardian only if camper will need medication administered during the camp day)*

Zoo Camper and Parent/Guardian Information:

Camper'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: \_\_\_\_\_ 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.

The Zoo cannot guarantee that any of the below listed activities will happen each week.

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 The Zoo in Forest Park & Education Center permission to apply sunscreen and bug spray that I provide for my camper. \_\_\_\_\_

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 sprinkler pad. \_\_\_\_\_

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: \_\_\_\_\_

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## Permission Slip & Release

I, (print name) \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ (child/camper), give my permission for them to participate in Zoo Camp at The Zoo in Forest Park. I (and my child) 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 child 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: \_\_\_\_\_

# Parent/Guardian & Authorized Pick-Up Info:

Parent/Guardian #1: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
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.

Children will not be released to anyone except those who are listed on this page unless written or verbal confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.

Other Contact #1: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Other Contact #2: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Other Contact #3: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

## Other Notes for Zoo Camp Staff:

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# Camper Code of Conduct

*Please review the below with your camper and sign.*

- Show respect to your fellow campers – keep your hands to yourself and be courteous with your words.
- Always make sure you can see your Zoo Camp counselor.
- Follow instructions from Zoo staff at all times.
- Respect the environment and do not litter.
- Do not cross barriers, climb fences, or touch gates and locks without explicit permission from Zoo staff.

Any behavior that detracts from the positive experience of fellow Zoo Campers or threatens their safety may lead to consequences including dismissal from Zoo Camp. The Zoo reserves the right to dismiss any camper for any inappropriate or unsafe behavior as determined by the Zoo Camp Director. The Zoo Camp Director and/or Zoo Camp staff will always make an effort to discuss and resolve any concerns or issues with a Zoo Camper and their adult(s). If a problem persists and cannot be corrected, the decision to dismiss a camper will be made by the Zoo Camp Director. **NO REFUNDS** will be given for campers who are dismissed from Zoo Camp.

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**Signature of Camper**

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**Date**

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**Signature of Adult**

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**Date**