



# The Zoo in Forest Park & Education Center

## Crew-in-Training (CIT) Registration Form

The Crew-in-Training program at The Zoo in Forest Park & Education Center is filled on a first come, first served basis. Please make sure to confirm open spots with the Education Department prior to sending in the registration and paperwork.

**THE ZOO**  
IN FOREST PARK

Forest Park  
Zoological Society

### **Cost:**

**1 week, half day**

**(A.M.: 9 a.m. to 12 p.m. or P.M.: 1 p.m. to 4 p.m.)**

Members: \$50

Nonmembers: \$60

**1 week, full day (9 a.m. to 4 p.m.)**

Members: \$100

Nonmembers: \$110

*\*Please note that CIT's will be eating lunch  
from 12 p.m. to 1 p.m. each day with Zoo Camp.*

**Single shifts (A.M. or P.M.; subject to availability):**

Members: Half day: \$10 per shift

Nonmembers: Half day: \$12 per shift

Members: Full day: \$20 per day

Nonmembers: Full day: \$24 per day



### **Session dates:**

Summer 2019: 9 sessions, Monday through Friday

**Week 1:** June 24 to June 28

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 2:** July 1 to July 5

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 3:** July 8 to July 12

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 4:** July 15 to July 19

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 5:** July 22 to July 26

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 6:** July 29 to August 2

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 7:** August 5 to August 9

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 8:** August 12 to August 16

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

**Week 9:** August 19 to August 23

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

## CIT Information

CIT Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name of Parent or Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ or \_\_\_\_\_  
Email (best email to deliver updates and information to): \_\_\_\_\_

*\*Drop-off and Pick-up times are very important. Our staff will make every effort to be at the front gate by the listed time to meet you and your CIT for drop-off or pick-up. Please reach out to the Education Department via phone at 413-733-225, ext. 305 with any questions or concerns.*

*\*If your CIT is a licensed driver and will be driving themselves to The Zoo each day, please reach out to the Education Department via email at [education@forestparkzoo.com](mailto:education@forestparkzoo.com) for a driving waiver.*

## Payment

Check (no. \_\_\_\_\_)  Visa  MasterCard  Discover  Cash

*\*The Zoo does not accept American Express credit cards.*

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

Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ CVC: \_\_\_\_\_  
Signature: \_\_\_\_\_

## Important Information:

- We are a reservation only program. Paperwork & payment are needed 10 business days prior to your first session.
- Reservations aren't confirmed until paid in full.
- Additional sessions must be added, and confirmed by staff, at least 24 hours prior to the start of the requested session.
- Crew-in-Training will be going outside during most hours of the program each day. Please make sure your child is prepared for the weather.
- Up-to-date immunizations are required prior to your child attending the Crew-in-Training program.



**Please send completed registrations  
(including all additional required paperwork) to:**

The Zoo in Forest Park & Education Center  
C/O: Caroline Cay Adams, Programs Zookeeper and Camp Director  
P.O. Box 80295  
Springfield, MA. 01138-0295  
**Education Office:** 413-733-2251, ext. 305  
**Email:** [education@forestparkzoo.com](mailto:education@forestparkzoo.com) | **Fax:** 413-733-2330

Child \_\_\_\_\_  
Age \_\_\_\_\_  
Week of Camp \_\_\_\_\_

### Child Pick-Up/Emergency Contact Information Form

This list of contacts you provide the Zoo in Forest Park and Education Center will be used in case of an emergency and the parent/guardian cannot be reached. The list will also serve as a release form. Please supply a written note to the Zoo Camp Director if anyone other than the parent or emergency contacts will be picking up. **Children will not be released to anyone except the parents/guardians and those who are listed below unless written confirmation is given to the Zoo Camp director.**

An ID will be required at the time of pick-up.

1. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

2. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

3. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

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

\*\*\*\*\*Please note that all information is kept confidential\*\*\*\*\*

# Zoo Camp:

## Medical Information

**\* IMMUNIZATION RECORDS MUST BE ATTACHED\***

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Week of Camp \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus vaccination \_\_\_\_\_

### Physical Description of Child or Current picture

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Consent Form: Please initial on line after each statement

I understand that the staff at the Zoo in Forest Park and 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. \_\_\_\_\_

In the case of emergency, I give The Zoo in Forest Park and 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 and Education Center permission to take my child to the adjacent playgrounds, fields, and ponds with proper supervision and weather permitting. This does NOT include pool or sprinkler park. \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a copy of immunization records.**

Child \_\_\_\_\_  
Age \_\_\_\_\_  
Week of Camp \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*\*\*\*\*Please note that all information is kept confidential\*\*\*\*\*



**THE ZOO**  
IN FOREST PARK &  
EDUCATION CENTER

*Forest Park  
Zoological Society*

Post Office Box 80295  
Springfield, MA  
01138-0295

Child \_\_\_\_\_

Age \_\_\_\_\_

Week of Camp \_\_\_\_\_

# Zoo Camp

## Permission Slip & Release

I, (print name) \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ (camper's name), give my permission for him/her 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 (ie 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.

Parent/Guardian signature \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date \_\_\_\_\_

Name of CIT: \_\_\_\_\_  
Week(s) of CIT program: \_\_\_\_\_

## CIT Driver Release

I, (*parent/guardian name*) \_\_\_\_\_,  
parent/guardian of (*crew-in-training (CIT) participant*) \_\_\_\_\_,  
hereby release The Zoo of any and all liability regarding my CIT driving themselves to and from the  
Crew-in-Training program. I am also aware that my CIT 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 CIT program.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)