



THE ZOO
IN FOREST PARK &
EDUCATION CENTER

*Forest Park
Zoological Society*

Post Office Box 80295
Springfield, MA
01138-0295

Summer Zoo Camp Registration

Weekly Rates:
Member: \$230.00
Nonmember: \$250.00

Daily Rates:
Member: \$55/day
Nonmember: \$60/day

Sessions run weekdays 9 a.m. to 4 p.m.

Session Dates (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Week 1: June 22 to June 26 | <input type="checkbox"/> Week 6: July 27 to July 31 |
| <input type="checkbox"/> Week 2: June 29 to July 7 | <input type="checkbox"/> Week 7: August 3 to August 7 |
| <input type="checkbox"/> Week 3: July 6 to July 10 | <input type="checkbox"/> Week 8: August 10 to August 14 |
| <input type="checkbox"/> Week 4: July 13 to July 17 | <input type="checkbox"/> Week 9: August 17 to August 21 |
| <input type="checkbox"/> Week 5: July 20 to July 24 | |



Camper Information:

Camper Name: _____ **Age*** (*Zoo Camp serves children ages 6 to 13*): _____
Name of Parent or Guardian: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____ **or** _____
Email: _____
Camp Session Date(s): _____

Do you have a Forest Park parking pass? (*Circle one*) YES NO *I WOULD LIKE TO PURCHASE A PASS (\$10)*
A Forest Park parking pass is valid through December 31, 2020. This parking pass will admit the one car registered to the parking pass during normal park operating hours throughout 2020.

☐ Please check this box if you require an end-of-year tax receipt. We will email a copy as soon as payment is processed in full.

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*

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Card Number: _____

Expiration Date: ____ / ____ **CVC:** _____

Signature: _____

Important Information:

- 🐾 We are a reservation only camp. Paperwork & payment are needed by 3 p.m. the Thursday prior to your requested session. Reservations are **NOT** confirmed until paid in full.
- 🐾 Up-to-date immunizations & records are required **prior** to your child attending Zoo Camp.
- 🐾 Campers will be outside for the majority of the day. Please make sure your camper is dressed appropriately for the forecasted weather. Please make sure to send your camper with additional items of clothing in case of rain, wind, etc. (rain coat, extra shirt, extra pants, water shoes, etc.)
- 🐾 All campers **MUST** be 6 years old by the start date of their first session. Zoo Camp serves children ages 6 to 13.

Submit all paperwork by snail mail, email or fax.

The Zoo in Forest Park & Education Center

P.O. Box 80295

Attn: Zoo Camp

Springfield, MA 01138-0295

Phone: 413-733-2251 ext. 305 | Fax: 413-733-2330

Email: education@forestparkzoo.com | Website: www.ForestParkZoo.org

Medical Information

*** IMMUNIZATION RECORDS MUST BE ATTACHED ***

Camper's Name: _____ Age: _____

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

***If your child will need medication during camp hours, please reach out prior to your session start date. The Zoo requires a medication administration authorization to be completed. We will also need a copy of the plan of action for your child's medication administration and/or allergy.**

Date of last tetanus vaccination: _____

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: _____

Please include a copy of up-to-date immunization records.

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. _____

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. _____

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child), 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: _____

This page will be kept with Zoo Camp counselors each day for pick-up confirmation & in case of emergency.

Parent/Guardian & Authorized Pick-Up Info:

Parent/Guardian Name: _____
Email Address: _____
Relationship to Child: _____
Home Address: _____
Home Phone Number: _____
Work Address: _____
Work Phone Number: _____
Cell Phone Number: _____

Parent/Guardian Name: _____
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. The list will also serve as a release form. Please supply a written or e-mailed note to Caroline Cay Adams, Programs Zookeeper, if anyone other than the parent, guardian 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 Caroline Cay Adams, Programs Zookeeper & Zoo Camp Director. An ID will be required at the time of pick-up.

Name: _____
Relationship to Child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

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

Other Notes for Zoo Camp Staff:
