



THE ZOO
IN FOREST PARK

Forest Park
Zoological Society

Extended Zoo Camp Registration

Weekly Rates:
Member: \$230.00
Member: \$55/day

Daily Rates:
Nonmember: \$250.00
Nonmember: \$60/day

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

Before-Care, 8 a.m. drop-off
\$10 per day

Session Dates (check all that apply):
__ August 24, 2020 to August 28, 2020
__ August 31, 2020 to September 4, 2020
__ September 7, 2020 to September 11, 2020

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: _____ Check this box to be added to our e-mailing list:

Before-Care? Please circle one: YES / NO Date(s): _____

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, 2020. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2020. This pass is **NOT** valid for Bright Nights. Please check here if you would like to purchase a pass:

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 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.
- Campers will be going outside during most hours of the program each day. Please make sure your child is prepared for the weather and daily activities (boots, jackets, etc.).
- 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. 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, Zoo Camp staff may be able to access Facebook messages.
- Up-to-date immunizations are required prior to your child attending the Zoo camp program.



Please send completed registrations to:
The Zoo in Forest Park & Education Center

C/O: Caroline Cay Adams

P.O. Box 80295 | Springfield, MA. 01138-0295

Education Office: 413-733-2251, ext. 305

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, 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: _____

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

Authorization to Administer Medication to a Camper

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

Zoo Camper and Parent/Guardian Information:

Camper's Name: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Phone: _____

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. _____

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 _____ (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:

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

Parent/Guardian 1: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Work Address: _____

Parent/Guardian 2: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Work Address: _____

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, Director of Education & 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 Staff:
