



# Zoo Camp Registration Summer 2021

**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):**

- Week 1:** June 21, 2021 to June 25, 2021
- Week 2:** June 28, 2021 to July 2, 2021
- Week 3:** July 5, 2021 to July 9, 2021
- Week 4:** July 12, 2021 to July 16, 2021
- Week 5:** July 19, 2021 to July 23, 2021
- Week 6:** July 26, 2021 to July 30, 2021
- Week 7:** August 2, 2021 to August 6, 2021
- Week 8:** August 9, 2021 to August 13, 2021
- Week 9:** August 16, 2021 to August 20, 2021

Camper Name: \_\_\_\_\_ Age\*: \_\_\_\_\_ Preferred 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, 2021. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2021. This pass is **NOT** valid for Bright Nights. Please check here if you would like to purchase a pass (\$10):

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 review all Covid-19 policies posted on our website prior to registering your child for Zoo Camp.
- Zoo Camp serves children ages 6 to 13 only.



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](mailto:education@forestparkzoo.com) | Fax: 413-733-2330

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## 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.):

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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: \_\_\_\_\_

**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)

**THE ZOO**  
IN FOREST PARK

*Forest Park*  
*Zoological Society*

## 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: \_\_\_\_\_



**THE ZOO**  
IN FOREST PARK

*Forest Park*  
*Zoological Society*

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).**

**THE ZOO**  
IN FOREST PARK  
*Forest Park*  
*Zoological Society*

## 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:** \_\_\_\_\_

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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:

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

**THE ZOO**  
IN FOREST PARK  
*Forest Park*  
*Zoological Society*

Parent/Guardian 1: \_\_\_\_\_

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

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

Parent/Guardian 2: \_\_\_\_\_

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

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

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

Work Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell 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:

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