



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

# December Zoo Camp Registration

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

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

Sessions run Monday-Friday, 9 a.m. to 4 p.m.

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

Session Dates:  
\_\_ December 27, 2021 to December 31, 2021

## Registration Information:

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, 2022. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2022. 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: 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: \_\_\_\_\_ Signature: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ CVC: \_\_\_\_\_

## Important Information

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

- Reservations aren't confirmed until paid in full.
- 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.
- Zoo Camp serves children ages 6 to 13 only.

**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. 305  
Email: [education@forestparkzoo.com](mailto: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: \_\_\_\_\_

## 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 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. \_\_\_\_\_

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 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: \_\_\_\_\_

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 #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 the parents/guardians and those who are listed below unless written confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.**

Contact #1:	Contact #2:	Contact #3:
Relationship to child:	Relationship to child:	Relationship to child:
Phone number:	Phone number:	Phone number:

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:

---

---

---

---

---

---

---