

## ZOO CAMP REGISTRATION FORM



**Directions:** Use a separate form for each child. You may duplicate this form as needed. Payment must accompany this form. Please make cheques payable to: *The Calgary Zoological Society*. Write a number in the boxes indicating your first, second and third choices. If you only have one choice and that camp is full, your registration will not proceed. **To register more than one child in the same camp, all the registration forms must be received in the same envelope or faxed at the same time. PLEASE PRINT.** You may pay using VISA, Mastercard, AMEX, cheque or money order.

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Camper's(Child) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Address \_\_\_\_\_ City/Province \_\_\_\_\_ Postal code \_\_\_\_\_

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Phone number \_\_\_\_\_ email address \_\_\_\_\_

Grade level finishing in June 2008 \_\_\_\_\_

Are you a member of the Calgary Zoo?  No  Annual  Discovery

Discovery Passport Membership Number (last 6 digits) \_\_\_\_\_

Has this child been to Zoo camp before?  yes  no

**Please note the "grades" apply to the grade the child is finishing.**

	Zoo Tots A	Zoo Tots B (morning)	Zoo Tots C (afternoon)	Discover the Zoo A	Discover the Zoo B	Zoo Explorers	Junior Zoo	Art camp	Art Camp	Youth Wildlife Workshop	Youth Wildlife Workshop
	Age 4-6	Age 4-6	Age 4-6	Grade 1-2	Grade 1-2	Grade 3-4	Grade 5-6	Grade 3-4	Grade 5-6	Grade 7-9	Grade 10-12
Jun 30-Jul 4								X	X	X	X
July 7-11								X	X		X
July 14-18								X	X		X
July 21-25								X	X		X
July 28-Aug 1					X				X		X
Aug 4-8					X				X		X
Aug 11-15					X				X	X	
Aug 18-22					X			X		X	X

**X- this camp is not available at this time**

**Zoo Tots** (half day 8:45 am-12:15 pm OR 1:00PM-4:30PM, Monday through Friday)

Discovery Passport Members \$120.60\*\* Non-members \$134.00

**Discover the Zoo, Zoo Explorers, Junior Zoo** (8:30 am to 4:30 pm, Monday through Friday)

Discovery Passport Members \$215.10\*\* Non-members \$239.00

**Art Camp** (8:30 am to 4:30 pm, Monday through Friday)

Discovery Passport Members \$233.10\*\* Non-members \$259.00

**Youth Wildlife Workshop** (8:30 am to 4:30 pm, Monday through Friday)

Discovery Passport Members \$219.60\*\* Non-members \$244.00

Prices include \$2 service fee. A Calgary Zoo bucket hat or ball cap is included with registration!

**\*\*please note that the camper/child must have a valid Discovery Passport Membership at the time the camper/child attends camp to receive the discount.**

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### BOXED LUNCHES AND SNACKS

New for the summer of 2008, the Zoo is offering an optional boxed lunch program. Boxed lunches must be requested at the time of registration. Lunches are available in 5 day packages only (i.e. not 2 or 3 days). Lunches include a variety of sandwiches and healthy snacks. One item from each column below is included, and contents vary from day to day. Unfortunately, we are unable to take special lunch requests or make food substitutions. All food is *peanut-free*. The fee for a 5 day supply of lunch and snacks is \$45.00.

Sandwich	Fruit/Veggie	Snack	Snack	Drink
Ham/Cheese	Apple	Goldfish	Potato chips	Juice box
Turkey/Cheese	Orange	Cheese string	Pudding	Milk
Mini Pizza	Banana	Applesauce	Jello	
Tuna/Crackers	Carrots/Dip		Oreo thins	

Would you like to take advantages of the boxed lunch/snack program for an additional \$45.00/week? (Sorry, not available for Zoo Tots)

Yes     No

### MEDIA

Do you give permission for the above mentioned child to be filmed or photographed at the Calgary Zoo as a participant of a Zoo program for publicity/educational purposes? No compensation will be offered.

YES     NO

CONTACT/EMERGENCY INFORMATION for \_\_\_\_\_(Camper's name)

1. **Primary Contact** (This person will be contacted first and should be the parent or guardian)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address (if same as above, leave blank) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Allowed to pick up child?  yes  no

2. **Secondary Contact** (This person will be contacted second and should be the parent or guardian)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address (if same as above, leave blank) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Allowed to pick up child?  yes  no

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## 3. Tertiary Contact

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Name \_\_\_\_\_ Relation to child \_\_\_\_\_

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Address \_\_\_\_\_

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Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Allowed to pick up child?  yes  no

Which of the contacts above, does the child live with? \_\_\_\_\_

### OTHER PEOPLE WHO ARE ALLOWED TO PICK UP THIS CHILD

1. \_\_\_\_\_

Name \_\_\_\_\_ First phone number \_\_\_\_\_ Second phone number \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ First phone number \_\_\_\_\_ Second phone number \_\_\_\_\_

### MEDICAL INFORMATION for \_\_\_\_\_ (Name of Camper)

Do you give permission for the above mentioned child to be given First Aid treatment if necessary?

YES  NO If no, please explain:

Does your child have any health or behavioral conditions that we should be aware of?  YES  NO

If yes, please elaborate:

Does your child have any allergies, e.g. food, peanuts, drugs/medication, animals, insect stings, hayfever etc.

YES  NO If yes, please elaborate:

Does your child carry an epi-pen or any other allergy medication?  YES  NO

If yes, please specify and say where the medication is carried with the child.

Is camp staff permitted to administer Epi-Pen?  YES  NO

Does your child require any medication to be taken or administered while at camp?  YES  NO

If yes, please elaborate:

Is your child on a "medical holiday" while at camp?  YES  NO

(i.e. Usually takes ritalin, however is not on it for the summer.)

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Ongoing Treatment: Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury?  YES  NO If Yes, please elaborate:

## EMERGENCY AUTHORIZATION

I understand that in registering for camp that my child will be partaking in physical activities, and that with any physical activity, there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care unit selected by the Zoo staff to secure proper treatment for the child indicated above. I understand that every effort will be made to contact me prior to any treatment deemed necessary. I agree that the information provided is as accurate and complete as possible.

I agree  I disagree

## ADDITIONAL INFORMATION

Please state any additional information to enrich your child's experience at camp. (e.g. child's fears, personal goals, past camp history, preferences etc.)

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### Group my child with

If you would like your child grouped with a friend of the same age please indicate their name and we will do our best (where space permits) to make these accommodations.

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### Where did you hear about Zoo Camps?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Zoo Newsletter | <input type="checkbox"/> Calgary's Child magazine | <input type="checkbox"/> Kid's Guide |
| <input type="checkbox"/> Zoo Website    | <input type="checkbox"/> Herald                   | <input type="checkbox"/> Sun         |
| <input type="checkbox"/> Friend         | <input type="checkbox"/> City Recreation Guide    | <input type="checkbox"/> Other       |

## LIABILITY

I /We agree that Calgary Zoo, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to his/her personal property arising from, or in any way resulting from my child's participation in Calgary Zoo Camps program activities UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of Calgary Zoo or its employees or agents while acting within the scope of their duties.

I agree  I do not agree

Person who completed this form: \_\_\_\_\_

Please print name

Number we can call if we have any questions about this registration: \_\_\_\_\_

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## PAYMENT INFORMATION

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### Payment Type

MasterCard     Visa     AMEX     Cheque

\$\_\_\_\_\_ Total (If you have selected the boxed lunch option, please be sure to add \$45.00.)

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Name as it appears on the credit card

\_\_\_\_\_  
Signature

<p><b>Office Use Only</b></p> <p>Cheque issuer's name _____</p> <p>Cheque reference number _____</p> <p>_____</p>
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