



Family Camp Registration

Parent(s) or Guardian(s) Information:

1st Adult First Name: _____ Last Name: _____

T-Shirt Size: _____ Adult Size: _____ Small _____ Medium _____ Large _____ X-Large

The applicant(s) has received a tetanus shot: (please check one)

_____ Yes _____ No Date of vaccination: _____

2nd Adult First Name: _____ Last Name: _____

T-Shirt Size: _____ Adult Size: _____ Small _____ Medium _____ Large _____ X-Large

The applicant(s) has received a tetanus shot: (please check one)

_____ Yes _____ No Date of vaccination: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Children(s) Information

First Name: _____ Date of Birth: _____ Age: _____

T-Shirt Size: _____ Child Size: _____ Medium _____ Large
Adult Size: _____ Small _____ Medium _____ Large _____ X-Large

The applicant(s) has received a tetanus shot: (please check one)

_____ Yes _____ No Date of vaccination: _____

First Name: _____ Date of Birth: _____ Age: _____

T-Shirt Size: _____ Child Size: _____ Medium _____ Large
Adult Size: _____ Small _____ Medium _____ Large _____ X-Large

The applicant(s) has received a tetanus shot: (please check one)

_____ Yes _____ No Date of vaccination: _____

First Name: _____ Date of Birth: _____ Age: _____

T-Shirt Size: _____ Child Size: _____ Medium _____ Large
Adult Size: _____ Small _____ Medium _____ Large _____ X-Large

The applicant(s) has received a tetanus shot: (please check one)

_____ Yes _____ No Date of vaccination: _____

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Medical Information:

Please list any health or food allergy concerns or conditions that Pine Grove Zoo's staff should be made aware of:

Weather:

Pine Grove Zoo's camps are held regardless of rain or shine. Please dress appropriately for all sorts of weather. If the weather become severe, all participants will be in a safe indoor area.

Emergency Contact Information:

In case of emergency, please provide 3 different contacts and phone numbers that an adult can be reached at:

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Relationship to participant: _____

Emergency Contact Name: _____ Phone Number: _____

Relationship to participant: _____

Agreements:

Cancellation/Refund Policy:

Cancellations must be made in writing two weeks prior to the day of camp. 50% of the fee will be refunded upon written cancellation notice. 100% of the registration fee will be refunded if Pine Grove Zoo cancels the camp.

Authority to Photograph or Video Tape:

Permission is given for the applicant to be photographed or videotaped for education and related promotions. All photos and videos remain the property of Pine Grove Zoo.

Consent:

I hereby give consent for the applicant to participate in Pine Grove Zoo's Day Camp Program. I understand that there are risks involved when working in a zoo environment and I will not hold Pine Grove Zoo or its staff or volunteers responsible from any injury arising from the applicant's participation in this program.

I have read and understand the enclosed information about the Zoo Day Camp Program. I also confirm the information provided by the applicant/guardian is accurate.

Parent/Guardian's Signature

Date

FOR OFFICE USE ONLY Date received: _____ CC, Cash, Check # _____ Amount: _____