

Summer Zoo Camp 2019

Please complete the following form, **both sides**, include payment and register by:

1. FAX: (716) 995-6125
(credit card payment only)

OR

2. MAIL: Buffalo Zoo – Summer Zoo Camp
300 Parkside Avenue
Buffalo, NY 14214
(check, money order or credit card payment)

OR

3. ON-LINE: visit
www.buffalozoo.org
(credit card payment only)



CAMPER'S NAME: _____	AGE (during camp): _____ MALE ___ or FEMALE ___
Weeks Attending Camp <i>Please circle the dates attending camp</i>	Before (7:45-9:00 a.m.) & After (3:30-5:00 p.m.) Care <i>Please be specific (type of care & weeks)</i>
You Are What You Eat: July 8-12 OR July 29-August 2	
Zoopourri: July 15-19 OR August 5-9	
Animal Detectives: July 22-26 OR August 12-16	
Cub Camp: AM – Aug. 19-23 (9-11:30 a.m.) OR PM – Aug. 19-23 (1-3:30 p.m.)	

PARTICIPANT(S) INFORMATION

Parent/Guardian Name: _____
(first name) _____ *(last name)*

Mailing Address: _____
(Street & Apt. #) _____

(City, State & Zip)

Phone Number: _____
(daytime) _____

(evening)

E-mail address: _____

Name of individual(s) authorized to pick up child: _____

You may request that your child be placed in the same group with one other camper of the same age: _____
(camper first and last name)

MEDICAL & EMERGENCY INFORMATION *(If parent/guardian above cannot be reached)*

Emergency Contact: _____ Relationship _____

Phone Number: _____
(daytime) _____

(cellular)

Doctor's Name: _____ Phone Number: _____

Please detail any allergies or special needs we should be aware of (includes ADD, ADHD, behavioral issues, etc.): _____

ZOO CAMP FEES Zoo Member # _____ Non-Member

Weekly Camp Fees (please refer to the table below for the appropriate camp fee)

	Enrollment	
	Member	Non-member
1 week only	\$188	\$210
Multiple weeks/children	\$180/child/week	\$202/child/week
Cub Camp	\$128	\$145
Cub Camp Multiple Child	\$123/child	\$140/child

of weeks _____ X camp fee _____ = _____

Before & After Care *(For full-day camps only)*

Before Care *(7:45-9am)* # of children _____ X # of weeks _____ X \$30 per week = _____

After Care *(3:30-5pm)* # of children _____ X # of weeks _____ X \$30 per week = _____

TOTAL (a + b + c) =

FINAL TOTAL

Payment

Personal check # _____

Money order

Please make payable to the Buffalo Zoo

Visa MasterCard Discover AmEx

Card Number

Exp. Date

Signature

PARENTAL RELEASE FORM

Summer Zoo Camp at the Buffalo Zoo

THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED

While Summer Zoo Camp at the Buffalo Zoo will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept or tolerate children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. The decision to remove a child from a camp program, whether it be for the day or the entire camp, will be based on the discretion of the camp director.

I understand that it is my sole responsibility for my child to arrive at the Buffalo Zoo no later than 9:00 a.m. and remain on Zoo grounds, under the supervision of the staff of the Buffalo Zoo and Docent leaders until 3:00 p.m. Should I enroll my child in the *Before* and *After Care* Programs, I understand that the *Before Care* begins at 7:45 a.m. and the *After Care* ends at 5:00 p.m. promptly. It is at the discretion of the camp director to discontinue this service, without refund, should there be frequent noncompliance with the guidelines stated above.

Except as set forth above under 'Special Needs and Allergies', I certify that my child is in good health and can participate in all normal activities of the group. I authorize and direct the Buffalo Zoo to call a doctor or other medical personnel and to obtain or provide such other medical services as the Buffalo Zoo, in its sole discretion, deems necessary or appropriate in the event of an accident or sickness affecting my child. I shall be solely responsible for paying all expenses incurred with respect to any such accident or sickness.

I authorize the Buffalo Zoo to take and use photographs and videos of the minor listed above, of whom I am a legal parent/guardian, for purposes of its public relations and advertising activities. I understand that I will receive no compensation for such use.

I hereby give permission for my child _____, to participate in the Summer Zoo Camp at the Buffalo Zoo. I agree to assume all risks connected therewith. I agree to release and discharge in advance the Buffalo Zoo, their employees, Docents and volunteers from any and all liability for personal injury, death or property damage connected with my child's participation in the summer camp program.

Signature _____ Date _____

PROOF OF IMMUNIZATION MUST BE PROVIDED BEFORE THE FIRST DAY OF CAMP. CAMPERS WITHOUT IMMUNIZATION PROOF WILL NOT BE ALLOWED TO PARTICIPATE IN CAMP.

Immunization records may be included with paper registration, e-mailed to the camp director ethompson@buffalozoo.org, faxed to (716) 995-6125, or mailed to: Summer Zoo Camp, Buffalo Zoo, 300 Parkside Ave., Buffalo, NY 14214.

Summer Zoo Camp T-shirts for full-day campers

Each child enrolled in full-day camp will receive one camp T-shirt for each week of camp that they will be attending. They will receive their T-shirt each Monday of camp and they are encouraged (not required) to wear their camp T-shirts for the remainder of the camp week. Sizes requested cannot be guaranteed for campers registering after May 5, 2019. Please circle the appropriate size for your child's camp T-shirt.

CHILD: 6-8 10-12 14-16 ADULT: Small Medium Large X-Large