

# Spring Zoo Camp 2020

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 – Spring Zoo Camp  
300 Parkside Avenue  
Buffalo, NY 14214  
(check, money order or credit card payment)

OR

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



<b>CAMPER'S NAME:</b> _____	<b>AGE</b> (during camp): _____ <b>MALE</b> ___ or <b>FEMALE</b> ___
<b>Days Attending Camp</b> Please circle the dates attending camp	<b>Before</b> (7:45-9:00 a.m.) & <b>After</b> (3:30-5:00 p.m.) <b>Care</b> Please be specific (type of care & days)
<b>Monday, April 13:</b> Best Foot Forward <b>Tuesday, April 14:</b> Climb Every Mountain <b>Wednesday, April 15:</b> Repeat After Me <b>Thursday, April 16:</b> Winging It <b>Friday, April 17:</b> Actual Size	

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

## 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

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

# of Days	Member Fee	Non-Member Fee
<b>1</b>	<b>\$50</b>	<b>\$55</b>
<b>2</b>	<b>\$100</b>	<b>\$110</b>
<b>3</b>	<b>\$150</b>	<b>\$165</b>
<b>4</b>	<b>\$200</b>	<b>\$220</b>
<b>5</b>	<b>\$225</b>	<b>\$250</b>

camp fees: = \_\_\_\_\_

### Before & After Care

Before Care (7:45-9am) # of days \_\_\_\_\_ X \$6 per day = \_\_\_\_\_

After Care (3:30-5pm) # of days \_\_\_\_\_ X \$6 per day = \_\_\_\_\_

**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**

Spring Camp at the Buffalo Zoo

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

While Spring 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 until 3:30 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 Spring 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 spring 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](mailto:ethompson@buffalozoo.org), faxed to (716) 995-6125, or mailed to: Spring Zoo Camp, Buffalo Zoo, 300 Parkside Ave., Buffalo, NY 14214.**

## **How did you hear about Zoo camp?**

\_\_\_\_ Previously attended Zoo Camp      \_\_\_\_ Buffalo Zoo Member Publications      \_\_\_\_ Friend Recommended  
\_\_\_\_ Radio      \_\_\_\_ Newspaper      \_\_\_\_ Facebook      \_\_\_\_ Other (please specify) \_\_\_\_\_