Registration Packet

Please complete one set of forms per program participant.

Participants must be between ages 5-10.

Name of Activity/Program: **WINTER BREAK CAMP**
Date(s) of activity: **DECEMBER 30-31, 2024, JANUARY 2-3, 2025 (no camp on Wednesday, January 1)**

Parent/Guardian Information

Parent/Guardian Name:_____
Address:_____
City, State, Zip:_____
Phone #:_____*(Home)*_____*(Cell)*_____*(Business)*
Email: _____

Fees & Payment

Payment is due in full at time of registration.

	Full-Day Camp (9am to 4pm)	Half-Day Camp (9am to 12:30pm)
Member rates	☐ $180	☐ $124
Non-Member rates	☐ $200	☐ $140

TOTAL ENCLOSED [ ] **=**

☐ Cleveland Zoological Society membership number:_____Exp. Date:____/___/____

☐ I have enclosed a check or money order payable to **Cleveland Metroparks Zoo**

☐ Charge my credit card (Visa, MasterCard, Discover)

Account Number_____Exp. Date____/_____Security Code _____
MM/YY

Name as it appears on card _____

Billing Address (if different than above)_____

_____

Card Holder's Signature_____

Cancellation Policy

Program fees and deposits are **non-refundable**. Participants assume risk of all changes in personal health and affairs. With advanced notice of one week prior to the scheduled program date, the program may be rescheduled for free to a new date pending inventory/availability before the end of the following calendar year with a maximum of one (1) reschedule move. Rescheduling requests will not be honored for "no-shows" and requests submitted with less than a week's notice, will be reviewed on a case by case basis.

If Cleveland Metroparks Zoo finds it necessary to cancel a program, a refund or internal education program credit will be issued. Registrants will be notified if programs are cancelled. By registering for a program, you acknowledge that you have read and understand this policy.

Mail form and payment to Cleveland Metroparks Zoo, Guest Resource Center, 3900 Wildlife Way, Cleveland, OH 44109

Medical Information (Youth Attendee)

Attendee Information

Name of Participant:_____Birth date:_____/___/___

Age of Participant as of December 1, 2023:_____Gender:_____

Address: _____

City, State, Zip: _____

Parent/Guardian Name:_____

Parent/Guardian Phone #: _____ *(Home)* _____ *(Cell)* _____ *(Business)*

_____

Date(s) of activity: **DECEMBER 26 - 29, 2023**

Name of Activity/Program **WINTER BREAK CAMP**

Emergency Contact Information (Please circle the number to call first in an emergency)

1. Name:_____ Relationship to child: _____
   Address:_____
   City, State, Zip: _____
   Phone #:_____*(Home)*_____*(cell)*_____*(Business)*

2. Name:_____ Relationship to child: _____
   Address:_____
   City, State, Zip: _____
   Phone #:_____*(Home)*_____*(cell)*_____*(Business)*

Medical History

Is your child/ward up to date on vaccinations required by your child's school district? □ Yes □ No

If no, please explain. _____

List any special dietary needs that your child/ward has:_____

List any allergies your child/ward has, including reactions to insect bites, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products:_____

_____

Have any of these allergies resulted in anaphylaxis? □ Yes □ No

If yes, will your child/ward be bringing an epinephrine injector to the Cleveland Metroparks program? □ Yes* □ No

Is your child/ward taking any medication (oral or topical prescription or nonprescription)? □ Yes* □ No

If yes, please list:

Medication/Dosage	Reason/Ailment
_____	_____
_____	_____

* If you answer yes to one of these questions, please complete the Request for Administration of Medication Form.

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Does your child require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program? □ Yes □ No

If so, please describe the accommodation requested:

_____

_____

List any other history of medical problems or special circumstances Cleveland Metroparks should be aware of:

_____

_____

Medical Insurance Company: _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

Race/Ethnicity (please select all that apply):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Other

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