



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, 2019 – JANUARY 3, 2020 (NO CAMP ON 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	<input type="checkbox"/> \$140	<input type="checkbox"/> \$100
Non-Member rates	<input type="checkbox"/> \$160	<input type="checkbox"/> \$116

TOTAL ENCLOSED

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- 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

The following charges will be incurred for cancellations:

- \$20 for cancellations more than 2 weeks from the scheduled program date

- 50% refund for cancellations within 2 weeks of scheduled program date

Refund processing takes 4-6 weeks. No refunds will be issued for no-shows or after the start of Winter Break Camp.

Mail form and payment to Cleveland Metroparks Zoo, Education Office, 3900 Wildlife Way, Cleveland, OH 44109

Medical Information and Consent to Treatment (Youth Attendee)

Attendee Information

Name of Participant: _____ Birth date: ___/___/___
Age of Participant as of December 1, 2019: _____ Gender: _____
Address: _____
City, State, Zip: _____
Parent/Guardian Name: _____
Parent/Guardian Phone #: _____ (Home) _____ (Cell) _____ (Business)

Date(s) of activity: **DECEMBER 30, 2019 - JANUARY 3, 2020 (NO CAMP ON JANUARY 1)**

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 #:** _____

Authorization, Signature and Consent to Treat

In the event of injury or illness, I authorize on behalf of my child/ward, having not attained the age of 18 Cleveland Metroparks to provide first aid and/or medical treatment to my child/ward or to obtain first aid and/or medical treatment for my child/ward at the nearest and most adequate facility of Cleveland Metroparks' choice.

This medical treatment authorization form is completed and signed of my own free will and authorizes medical treatment for my child/ward.

Participant name (please print)

Parent Name

Parent Signature (if participant is under 18)

Date



**CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO
LIABILITY WAIVER**

(This form must be completed and returned to the program administrator before any program participation)

Information

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

Name of Activity/Program: WINTER BREAK CAMP

Date(s) of activity: DECEMBER 30, 2019 - JANUARY 3, 2020 (NO CAMP ON JANUARY 1)

PLEASE READ CAREFULLY

Waiver of Liability and Signature

I recognize and acknowledge that there are risks associated with the aforementioned activity/program (the "Activity"), and I (or my child/ward) should not engage in the Activity unless medically able to do so. I assume all risks associate with the Activity, including but not limited to: falls; trips; contract with equipment or materials; effects of weather; contact with other participants, the natural environment, hazardous materials, and animals, which may act in unpredictable ways. I understand that neither Cleveland Metroparks, nor any of its commissioners, officers, employees, agents, volunteers or sponsors assume any responsibility or liability with respect to my participation (or my child/ward's participation) in the Activity. As part of the consideration tendered for me (or my child/ward) being permitted to participate in the Activity, I agree to and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, sponsors, and volunteers (the "Releasees") from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I may sustain arising out of, or in any way associated with, participation in the Activity, even though liability may arise out of the negligence or carelessness of the Releasees.

Parent Name

Parent Signature (if participant is under 18)

Date



CLEVELAND METROPARKS/ CLEVELAND METROPARKS ZOO MEDIA WAIVER (YOUTH ATTENDEE)

(This form must be completed and returned to the program administrator before any program participation)

Participant's Name _____ Birth date ____/____/____

Parent/Guardian Name _____

Address _____

Phone #: _____ (Home) _____ (Cell) _____ (Business)

Name of Activity/Program: WINTER BREAK CAMP

Date(s) of Program DECEMBER 30, 2019 - JANUARY 3, 2020 (NO CAMP ON JANUARY 1)

PLEASE READ CAREFULLY

I hereby authorize Cleveland Metroparks to use, reproduce, and/or publish photographs and/or video that may pertain to my child/ward including image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits or for other related endeavors, including for commercial purposes. This material may also appear on Cleveland Metroparks or project sponsor's Internet Web Page and/or digital social media services.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material.

- I AGREE (please sign below)
- I DISAGREE (please sign below)

Parent/Guardian Signature

Date