



Registration and Medical Authorization Form

Child's Name: _____
(Last Name) *(First Name)*

Birth Date: _____ Age as of March 22, 2019: _____
(Month/Day/Year)

Parent/Guardian Information

Parent/Guardian Name: _____
(Last Name) *(First Name)*

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) *(Work)* *(Cell)*

Email Address: _____

Registration Options

Full-Day Camp (\$175 members, \$200 non-members) _____ participants @ \$ _____ each = _____

Half-Day Camp (\$125 members, \$145 non-members) _____ participants @ \$ _____ each = _____

TOTAL ENCLOSED = _____

Cleveland Zoological Society membership number _____ Exp. Date _____

I have enclosed a check payable to **Cleveland Metroparks Zoo**

Charge my credit card (Visa, MasterCard, Discover)

Account Number _____ Expiration Date _____ Security Code _____
(Last 3 or 4 digits in signature area)

Name as it appears on card _____

Billing Address _____

Card Holder's Signature _____

Emergency Contact Persons

(Please circle which number to call first in an emergency.)

1. Name: _____
(Last Name) *(First Name)*

Address: _____

City, State, Zip Code: _____

Phone: (_____) _____ (_____) _____ (_____) _____
(Home) *(Work)* *(Cell)*

Relationship to Child: _____

2. Name: _____
(Last Name) *(First Name)*

Address: _____

City, State, Zip Code: _____

Phone: (_____) _____ (_____) _____ (_____) _____
(Home) *(Work)* *(Cell)*

Relationship to Child: _____

Medical History

Identify any medications your child is currently taking (purpose and dosage): _____

Check which of the following your child has had in the past or currently has:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> diabetes | <input type="checkbox"/> modified diet | <input type="checkbox"/> allergies |
| <input type="checkbox"/> extreme fears | <input type="checkbox"/> recent injury/surgery | <input type="checkbox"/> asthma | <input type="checkbox"/> hearing/visually impaired |
| <input type="checkbox"/> separation anxiety | <input type="checkbox"/> autism | <input type="checkbox"/> learning disability | <input type="checkbox"/> other |
| <input type="checkbox"/> cognitive delays | <input type="checkbox"/> limited mobility | | |

For each checked box, please explain: _____

What special accommodations are required for the above conditions: _____

Any history of other medical problems or special circumstances we should be aware of: _____

Medical Insurance Company: _____

Physician: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Special Dietary Needs: _____

RELEASE OF CLAIMS: As part of the consideration tendered for myself and my child/ward, having not attained the age of 18, being permitted to participate in Spring Break Camp at Cleveland Metroparks Zoo activities:

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, contact with staff/volunteers, contact with animals, and drowning. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I authorize any such staff/volunteers to assist me or my child/ward to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that Cleveland Metroparks, nor any of its supporting sponsors, assume any responsibility or liability with respect to me or my child/ward's participation in this program/event. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify Cleveland Metroparks, all sponsors, all representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of me or my child/ward's participation in this program/event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

AUTHORIZATION, SIGNATURE, AND CONSENT TO TREAT: In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice. This medical treatment authorization and authorization form is completed and signed of my own free will and authorizes medical treatment for myself or, in my absence, for the minor child/ward listed.

By indicating your acceptance, you understand, agree, warrant, and covenant for yourself and for your minor child/ward, as follows.

X Signature of Parent/Guardian _____ Date: _____





**EDUCATION DIVISION
SPRING BREAK CAMP
MEDIA WAIVER AND RELEASE FORM**

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

Participant's Name _____ Birth Date _____
Parent/Guardian Name *(if applicable)* _____
Address _____
Phone _____ *(Home)* _____ *(Business)*
Name of Group _____
Date of Program _____

PLEASE READ CAREFULLY

(Provisions in parentheses apply if the waiver is signed for a minor or ward)

PLEASE READ & SIGN WAIVER: I hereby authorize Cleveland Metroparks to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child/ward, having not attained the age of 18) — including my (or my child/ward) 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. 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 **(if the participant is under 18 years of age, the parent/guardian must sign)**.

<input type="checkbox"/> I AGREE (please sign below)
<input type="checkbox"/> I DISAGREE (please sign below)

Participant/Parent/Guardian

Date

OFFICE USE ONLY

FILENAME: _____