



Registration Packet



Please complete one set of forms per program participant.

Participants must be between ages 5-14.

Participant Name: _____

Name of Activity/Program: **SUMMER DAY CAMP**

Date(s) of activity: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

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

Email: _____

Fees & Date Options

Payment is due in full at time of registration.

SESSION	MEMBER RATES		NON-MEMBER RATES		EXTENDED CARE OPTIONS	
	Full-Day Camp (9am-4pm)	Half-Day Camp (9am-12:30pm)	Full-Day Camp (9am-4pm)	Half-Day Camp (9am-12:30pm)	Before Camp (7:30am-9am)	After Camp (4:15pm-6pm)
Jun 6-10	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jun 13-17	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jun 20-24	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jun 27-Jul 1	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jul 5-8*	<input type="checkbox"/> \$160	<input type="checkbox"/> \$115	<input type="checkbox"/> \$180	<input type="checkbox"/> \$130	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jul 11-15	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jul 18-22	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Jul 25-29	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Aug 1-5	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30
Aug 8-12	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$225	<input type="checkbox"/> \$160	<input type="checkbox"/> \$26	<input type="checkbox"/> \$30

*Discount Week – No camp on July 4th

One camp t-shirt is included with each registered camp session. Please select the desired size below.

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

If possible, my child would like to be placed in the same group as: _____

Optional add-on item (additional fees apply)

Extra camp t-shirt(s) \$12 X _____ (QTY) in _____ (SIZE)

NOTE: If spaces are no longer available in the indicated camp session(s) above by the time your mail-in registration packet is received, Registration Office staff will notify you. Worried about getting your preferred selections? Try registering online at futureforwildlife.org/zoocamps.

Payment

TOTAL ENCLOSED FOR PAYMENT =

- 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.

2022 Zoo Summer Day Camp Themes by Session/Week						
Session	Week of	Ages 5-6	Ages 7-8	Ages 9-10	Ages 11-12	Ages 13/14
1	6/6 - 6/10	Five Senses	Animal Defenses	Adaptations	Wildlife Biology	No Camp
2	6/13 - 6/17	Shapes and Sizes	Habitats	ZSI: Habitats	No Camp	Zoo Careers
3	6/20 - 6/24	Conservation	Conservation	Conservation	Wildlife Biology	No Camp
4	6/27 - 7/1	Five Senses	Animal Defenses	Adaptations	No Camp	Zoo Careers
5	7/5 - 7/8 Discount Wk	Enrichment	Enrichment	Enrichment	Enrichment	No Camp
6	7/11 - 7/15	Shapes and Sizes	Habitats	ZSI: Habitats	No Camp	Zoo Careers
7	7/18 - 7/22	Conservation	Conservation	Conservation	Wildlife Biology	No Camp
8	7/25 - 7/29	Five Senses	Animal Defenses	Adaptations	No Camp	Zoo Careers
9	8/1 - 8/5	Shapes and Sizes	Habitats	ZSI: Habitats	Wildlife Biology	No Camp
10	8/8 - 8/12	Conservation	Conservation	Conservation	No Camp	Zoo Careers



Medical Information (Youth Attendee)

Attendee Information

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

Age of Participant as of June 6, 2022: _____ Gender: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name: _____

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

Date(s) of activity: _____

Name of Activity/Program: **SUMMER DAY 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

Date of participant's last Tetanus Vaccine (Within past 10 years) _____

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.

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 #:** _____

By registering for this program, I agree that neither I nor my child/ward (the camper) will participate in this program if any of the following are true:

1. On the date of the program I/the camper wish to participate in, I am/the camper is under a COVID-19 isolation order or within a required quarantine period.
2. On the date of the program I/the camper wish to participate in, I/the camper have COVID-19 symptoms (including but not limited to fever, cough, trouble breathing, chills, muscle or body ache, headache, fatigue, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).
3. In the past five days leading up to the date of the program I/the camper wish to participate in, I/the camper have been within six feet, lived with, or cared for someone that tested positive for COVID-19 and I/the camper am not fully vaccinated.
4. In the past five days leading up to the date of the program I/the camper wish to participate in, I/the camper have tested positive for COVID-19.