



# 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 3-7	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jun 10-14	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jun 17-21	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jun 24-28	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jul 1-3, 5	<input type="checkbox"/> \$180	<input type="checkbox"/> \$124	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140	<input type="checkbox"/> \$25	<input type="checkbox"/> \$28
Jul 8-12	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jul 15-19	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jul 22-26	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Jul 29-Aug 2	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35
Aug 5-9	<input type="checkbox"/> \$225	<input type="checkbox"/> \$155	<input type="checkbox"/> \$250	<input type="checkbox"/> \$175	<input type="checkbox"/> \$31	<input type="checkbox"/> \$35

\*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](http://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.

### 2024 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	6/3 - 6-7	Five Senses	Animal Defenses	Adaptations	Wildlife Biology	No Camp
2	6/10 - 6/14	Shapes and Sizes	Habitats	ZSI: Habitats	No Camp	Zoo Careers
3	6/17 - 6/21	Conservation	Conservation	Conservation	Wildlife Biology	No Camp
4	6/24 - 6/28	Five Senses	Animal Defenses	Adaptations	No Camp	Zoo Careers
5	7/1 - 7/3, 7/5 Discount Wk	Enrichment	Enrichment	Enrichment	Enrichment	No Camp
6	7/8 - 7/12	Shapes and Sizes	Habitats	ZSI: Habitats	No Camp	Zoo Careers
7	7/15 - 7/19	Conservation	Conservation	Conservation	Wildlife Biology	No Camp
8	7/22 - 7/26	Five Senses	Animal Defenses	Adaptations	No Camp	Zoo Careers
9	7/29 - 8/2	Shapes and Sizes	Habitats	ZSI: Habitats	Wildlife Biology	No Camp
10	8/5 - 8/9	Conservation	Conservation	Conservation	No Camp	Zoo Careers



## Medical Information (Youth Attendee)

### Attendee Information

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Age of Participant as of June 3, 2024: \_\_\_\_\_ 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 #:** \_\_\_\_\_

**Race/Ethnicity (please select all that apply):**

American Indian or Alaskan Native

Middle Eastern

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White or Caucasian

Hispanic or Latino

Other