

2012 Zoo Camp Registration Form

Camp Name: _____	Camp Date: _____		
Child's Name: _____	Age: _____	Grade: _____	
Parent/Guardian Name(s): _____			
Phone Numbers	Home: _____	Cell: _____	Work: _____
Home Address: _____			
	Street	City	State Zip Code
Email Address: _____			
<u>Emergency Contact Information</u>			
We will contact the Parent/Guardian listed above first. Please add an additional adult to contact in case of an emergency.			
Name: _____	Relation: _____	Home Phone: _____	Cell Phone: _____
Does your child have any allergies?			
Does your child have any physical or behavioral limitations?			
I approve the following adults to pick up my child from Zoo Camp:			
My child has permission to participate in all Zoo Camp activities at The Utica Zoo. I agree my child and I will comply with all Utica Zoo regulations. In the event of a medical emergency, I give authorization to The Utica Zoo Staff to use local emergency services in order to secure proper treatment for my child if I or my emergency contact cannot be reached or if immediate treatment is deemed appropriate by The Utica Zoo's Staff.			
Parent/Guardian's Signature: _____			Date: _____
Payment Method:	Cash: _____	Check: _____	Visa: _____ Master Card: _____
Credit Card #	_____ - _____ - _____	Exp. Date: _____	Security Code: _____

Please Mail the Zoo Camp Registration Form and Payment to: The Utica Zoo
 EDU Dept. – Zoo Camp
 99 Steele Hill Road
 Utica, NY 13501