

Participant must be 13 years old by January 1st, 2011 to participate

Binder Park Zoo members get 10% off

Remember only one participant per form

Junior Zookeeper Camp

Ages: 13-17

<u>Date of Camp:</u> July 11-15, 2011	<u>Time:</u> 9am-4pm Lunch is NOT provided	<u>Price:</u> \$175 <i>(\$157.50 for zoo members)</i>
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Total Amount Due: \$ _____

A T-shirt will be given to each camp participant on the first day of camp. Please have the participant wear this t-shirt each day of camp. This is so we are better able to identify campers while they are on zoo grounds. Please circle the participant's t-shirt size (t-shirts are a cotton/poly blend and pre-shrunk; adult sizes only)

T-shirt size: SMALL MEDIUM LARGE X-LARGE XX-LARGE

Registrations are processed first come, first serve. If a camp you registered for is filled when we receive your registration, we will contact you about returning your payment.

A confirmation letter will be sent to you either by mail or electronically (depending on when your registration is processed) once your payment and registration is processed.

The confirmation letter will have the camp you registered for and important information regarding meeting times and location, what to bring/wear to camp, etc.

If you have any questions or concerns please contact Amanda Bailiff (269)979-1351 ext. 133 or abailiff@binderparkzoo.org

A completed Medical Release Form is needed and must be returned to the Zoo before your child can participate in these programs

Camp Medical Treatment Release Form

Dear Parents/Guardians,

Thank you for registering your child for Zoo Camp. To ensure your child's safety, Binder Park Zoo requires parents/guardians of campers to give Binder Park Zoo authority to secure emergency and surgical treatment, as well as routine, non-surgical medical care and psychological or psychiatric care of an existing condition for your child.

Please know that Binder Park Zoo views this permission with circumspection; our procedures will continue to include notification and consultation with parents/guardians.

Participant's Name: _____	Birth date: _____	Age: _____	Ht: _____	Wt: _____
Address: _____	City: _____	State: _____	Zip: _____	
Home Phone #: () _____	Work Phone # (mother): () _____			
Work Phone # (father): () _____	Cell Phone #: () _____			
Other Emergency Contact-Name: _____			Phone #: () _____	
Insurance Company Name: _____				
Name of policyholder: _____		Relationship to Patient: _____		
Name of Employer: _____				
Policy #: _____		Group #: _____		

This Should Be Completed So That It Is Absolutely Accurate

Previous Illnesses

(AGE)

Measles _____
Mumps _____
Chicken Pox _____
Scarlet Fever _____
German Measles _____
Rheumatic Fever _____
Whooping Cough _____
Other _____

Contagious Disease Protection

(YEAR)

Hepatitis B Immunization _____
Measles, Mumps, Rubella _____
Immunization _____
Polio _____
Tetanus, diphtheria, pertussis _____
(Td/Tdap) _____
Tuberculin Skin Test (if received) _____

Allergies and Pre-existing Conditions:

Food: _____ **Other:** _____

Medicine: _____

History of Emotional or Behavioral Disturbances: _____

Medications Needed or Used (including Psychiatric): _____

Limitation of Camper Activities: _____

Recommendations: _____

Parent/Guardian Signature: _____ Date: _____

Print Doctor's Name and Phone Number: _____

YOUR SIGNATURE BELOW IS NECESSARY TO PARTICIPATE:

THE UNDERSIGNED PARENT OR GUARDIAN OF: _____ (name of camper)

AUTHORIZES THE STAFF OF BINDER PARK ZOO TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT, AND TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL, PSYCHOLOGICAL OR PSYCHIATRIC CARE, FOR MY CHILD WHILE VOLUNTEERING. I AGREE TO PAY FOR AND GUARANTEE PAYMENT OF THESE RELATED EXPENSES.

Signature of Parent or Guardian: _____ Date: _____