



2011 ANIMAL ADVENTURE SUMMER CAMP REGISTRATION FORM



Complete one form per child please – return both pages/sides.

Mail to: Dallas Zoo • "Summer Camp" • 650 So. R. L. Thornton Freeway • Dallas, TX 75203 or **Fax to:** 469-554-7382

How did you hear about us? *Please check all that apply.*

- | | | |
|--|---|---|
| <input type="checkbox"/> I'm a past camp/class participant | <input type="checkbox"/> From a family member or friend | <input type="checkbox"/> Dallas Zoo website |
| <input type="checkbox"/> DZS newsletter or email | <input type="checkbox"/> While visiting the Zoo | <input type="checkbox"/> TV or Radio |
| <input type="checkbox"/> Received a brochure/postcard | <input type="checkbox"/> Camp Fair _____ | <input type="checkbox"/> Other _____ |

Child's Name _____ Grade In Fall 2011 _____
(First name and last initial will appear on nametag)

Birth Date _____ Gender Male Female

T-Shirt Size (pick one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Day _____ Evening _____ Cell _____

Email Address: _____

DZS Membership ID# _____ Exp. Date _____

(MUST INCLUDE TO QUALIFY FOR EARLY REGISTRATION.) Call 469-554-7400 if you have membership questions.

For each camp, please list the full camp name and indicate your 1st & 2nd date choices.

		Fee
WEEK LONG CAMPS PreK Camp 8:30-11:30 Or 12:00-3:00 K-8 Camp 9am—3pm	ZOO Camp 1 Name: _____ ___ June 13-17 ___ June 20-24 ___ June 27-July 1 ___ July 11-15 ___ July 18-22 ___ July 25-29 ___ Aug. 1-5 ___ Aug. 8-12	\$
	ZOO Camp 2 Name: _____ ___ June 13-17 ___ June 20-24 ___ June 27-July 1 ___ July 11-15 ___ July 18-22 ___ July 25-29 ___ Aug. 1-5 ___ Aug. 8-12	\$
	AQUARIUM Camp Name: _____ ___ June 13-17 ___ June 20-24 ___ Aug. 1-5 ___ Aug. 8-12	\$
	BEFORECARE (8-9am): <input type="checkbox"/> Yes <input type="checkbox"/> No List Days: _____ AFTERCARE (3-6pm): <input type="checkbox"/> Yes <input type="checkbox"/> No List Days: _____	\$ \$
SINGLE DAY CAMPS 9am—3pm	ZOO <input type="checkbox"/> ALL 3 DAYS <input type="checkbox"/> Wed, July 6 <input type="checkbox"/> Thurs, July 7 <input type="checkbox"/> Fri, July 8 BEFORECARE (8-9am): <input type="checkbox"/> Yes <input type="checkbox"/> No List Days: _____ AFTERCARE (3-6pm): <input type="checkbox"/> Yes <input type="checkbox"/> No List Days: _____	\$ \$ \$
	Families who sign up for multiple camps or multiple campers receive a 5% discount off your total enrollment cost. Forms must be submitted together.	

PAYMENT OPTIONS

- CHECK* (Payable to the Dallas Zoo) CREDIT CARD: Visa MasterCard American Express Discover
- TX DL# required for checks _____ Card Number _____ Exp. Date _____

Signature required _____
 *Dallas Zoo Management's returned check policy states that all checks returned marked "NSF" will be charged a \$25 fee, and will result in the cancellation of your program registration.

I do NOT want to receive emails about Family Programs, Overnights, Night Hikes and Kids Camps & Classes.

Questions? Email us at education@dallaszoo.com or call 469-554-7300

REGISTRATION FORM CONTINUED

The following information must be completed and returned with registration. Please print clearly.

RELEASE OF LIABILITY FOR _____ :

I, the minor's parent and/or legal guardian, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Dallas Zoo Management, Inc., Dallas Zoological Society, Children's Aquarium at Fair Park, and the City of Dallas (the "releasees") each from all liability for claims, demands, losses, or damages to the minor account caused or alleged to be caused, in whole or in part, by the negligence of the "releasees" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

This child may be photographed, filmed, or videotaped for publication or marketing of Dallas Zoo and Children's Aquarium at Fair Park programs. YES NO

Signature of Parent/Legal Guardian _____ Date: _____

MEDICAL RELEASE

- 1. Allergies (to drugs, foods, insect bites, etc.) : _____
- 2. List medications and reasons for taking: _____
- 3. Behaviors of which staff should be advised: _____
How do you handle this behavior? _____

Two persons to contact **in case parents cannot be reached:**

Name:	1. _____	2. _____
Relationship:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____

I give my permission for the supervising staff to obtain medical treatment in an emergency situation for my child in the event I cannot be reached.

Signature of Parent/Guardian: _____ Date: _____

TOILET TRAINING

All camp participants must be completely toilet trained (requiring no assistance in the bathroom). Our definition of toilet trained means that the child is not wearing pull-ups and is able to manage his or her own clothing by him or herself.

PICK UP AUTHORIZATION FOR PARTICIPANTS

The following individuals are authorized to pick up my child (attach additional names if needed). **Please include yourself if you will be picking up your child at the end of the camp day.**

Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____

Signature of Parent/Guardian: _____ Date: _____

YOU MUST COMPLETE BOTH PAGES/SIDES OF REGISTRATION FORM