



Special Holiday Zoo Camp Registration Packet

Camper Name: _____

Camper Age: _____

Ages: 5 to 13 **Location:** Education Building

Camp Time: 9:00am to 3:30pm; Camp starts at 9:00am. Drop-Off from 8:30 to 9:00am; Pick-Up from 3:30 to 4pm.

Camp Fee: \$50 per participant/camp; \$40 per participant/camp for DE Zoological Society Members.

After Care: \$15/camper from 4 - 5 pm; NOTE: *available for select dates only.*

Cancellation Policy: Payment is due in full at time of registration for Zoo Camp.

Holiday and Spring Camps: There will be no refunds for those that cancel within 14 days of Holiday Camp dates. Those who wish to cancel their registration 15 days or more from the Holiday/Spring Camp dates may receive a Zoo Camp credit. Any Zoo Camp credits given must be used within 365 days or less of the cancellation date.

Holiday Camp(s) Selection

Camp Name(s):	
Camp Date(s):	
Aftercare (dates): <small>*Please note that Aftercare is only available for select dates.</small>	

PAYMENT INFORMATION: Please mark the correct option and include your payment information as requested.

Form of Payment:

CREDIT CARD PAYMENTS Please pay online by visiting brandywinezoo.org/learn/camps and selecting the camp for which you are registering. Submit this completed application via email to education@brandywinezoo.org within 5 business days of your online payment.

CHECK Please make checks payable to **The Delaware Zoological Society, Mail Check and COMPLETED form to:** Brandywine Zoo Camp, 1001 North Park Dr., Wilmington, DE 19802

I am not a Member. Enclosed is my total Non-Member camp fee of \$_____.

Yes, I am a current Member of the Delaware Zoological Society and will be at the start of my camp selections.

Membership # _____ Expiration Date: _____

Name on Membership Card: _____ Enclosed is my total camp fee of \$_____.

I would like to become a Member. My membership information is enclosed along with Membership fee of \$_____ and camp fee of \$_____. Combined total amount enclosed \$_____.

Membership Application: \$60 Household (1 year) \$115 Household (2 years) \$100 Naturalist (1 year)

Dr. Mr. Mrs. Ms. Adult Name _____

2nd Adult Name for Membership Card _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Camper Name: _____

Camper Age: _____

Camper Information

Please print or type clearly. Campers will not be registered or allowed to attend camp without submitting a completed registration form. Please do not leave any area blank; **forms with blank areas are considered incomplete. Instead, please write "n/a" or "none" in any areas that you do not need to answer.

First Name:		Age as of Sept. 1, 2017:	
Last Name:		Date of Birth: (MM/DD/YEAR)	
Preferred Name: (if different from first)		Current Grade: (To Be Completed as of June 2018)	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	School:

Medical Information

Health Insurance:		Participant's Name:	
Doctor's Name:		Doctor's Phone:	

Please complete the following immunization information for our required record:

Month/Year	Immunization	Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)		HIB (Hemophilus Influenza)
	OPV (Polio Oral) / IPV (Polio Injected)		MMR (Measles, Mumps, Rubella)

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your child need to take medication while at camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>If yes</u> , please specify:			<u>If yes</u> , please specify:		
Does your child have any dietary restrictions (other than allergies)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your child have any medical conditions we should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>If yes</u> , please specify:			<u>If yes</u> , list any known conditions, diseases, etc., which may limit or restrict the above person from participating in camp activities:		

Is there any other information about your child that staff could benefit from knowing to better serve your child? Please be forthcoming and add any additional information here. May include information regarding their: health, personal well-being, medical history, interests, comfort levels, or even talking points to better relate to them. Please specify below:

Medication Waiver: I understand that camp staff will hold my child's medication in a safe location. Camp staff is not responsible for reminding your child when to take the medication, nor will they administer it to your child. It is your responsibility as parent/guardian to inform your child of proper dosage and release the Brandywine Zoo (DSP & DZS), all agents and employees, from and against any and all claims resulting from your child bringing medicine to camp.

Initials

Camper Name: _____

Camper Age: _____

Family Information

Please **check** either parent or guardian:

Call First	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	Call Second	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	Please complete Address below:	
Relationship to Camper:			Relationship to Camper:				
Last Name:			Last Name:			Street:	
First Name:			First Name:				
Home Phone:			Home Phone:				
Work Phone:			Work Phone:			City:	
Cell Phone:			Cell Phone:			State:	
*Email Address:			*Email Address:			Zip Code:	

Please note that an EMAIL address is **REQUIRED**. Your email address will be used to email your Registration Confirmation and important camp updates. Please use an active email account that you check frequently.

Emergency Contact Information

Emergency Contacts will **ONLY** be used/notified if the Parent/Guardians listed **cannot** be reached.

Primary Emergency Contact				Secondary Emergency Contact			
Full Name:				Full Name:			
Relationship:		Cell:		Relationship:		Cell:	
Home Phone:		Work Phone:		Home Phone:		Work Phone:	

Release of Minors

All campers are released at the end of camp to their parent/guardian, emergency contact, or one of the individuals listed on this section of the form. NO EXCEPTIONS.

Please list anyone who might pick up your camper(s) **other than** those listed in the Parent/Guardian or Emergency Contact section above. The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise. **Everyone** picking up a camper must be **at least 16 years** of age and provide photo identification at time of pick up.

In addition to the names already listed on this application, my child may be released to the following individual(s).

Name:		Phone Number:	
Name:		Phone Number:	
Name:		Phone Number:	

Camper Name: _____

Camper Age: _____

Zoo Camp Policies & Code of Conduct

Zoo Camp Disciplinary Policy:

Camp is meant to be a fun educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the camps. If it becomes necessary to take disciplinary action against a child, the steps followed are outlined below.

- 1st incident: The camper will receive a verbal warning and an explanation as to why their behavior is inappropriate (whenever possible this will be done away from other campers).
- 2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a time out or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick the child up.
- 3rd incident: The child will be excused from camp without a refund.

The Camp Staff of Delaware State Parks and the Delaware Zoological Society reserve the right to dismiss any child from camp programs following a first incident in cases of serious behavior problems without a tuition refund.

Zoo Camp Code of Conduct: In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

*I will follow the camp schedule. I will bring only the necessary items to camp (no weapons, electronic items, valuables, etc.) I will respect counselors, directors, staff, and other campers by not using foul language, name calling, fighting or being disrespectful in any way. I will follow all safety rules set forth by the camp staff. **I promise to follow all the policies and procedures as outlined in the Zoo Camp Handbook.***

By submission of this form, I agree to help my child abide by this code of conduct.

Zoo Camp Policies & Code of Conduct

Zoo Camp Handbook: In signing below, I state that I have read, understand, and explained to my camper(s) the policies and procedures provided by the Brandywine Zoo, as outlined in the [Zoo Camp Handbook](#). I agree to abide by these policies and procedures and will ensure my camper(s) do the same. I also understand that violating these policies and procedures may result in my camper(s) being removed from camp without a refund.

As the parent/guardian I agree to help my camper(s) abide by and understand the Zoo Camp Policies, the Code of Conduct, and additional items as listed in the Brandywine Zoo Camp Handbook.

Parent/Guardian Signature: _____ Date: _____

Release Statement

By signing below, you acknowledge that you are a parent or guardian of the Child identified on this Registration Form, that you have read this Release and Registration Form fully, and that you are fully authorized to agree on behalf of yourself, the Child identified on this Registration Form, and anyone who may be entitled to bring a claim on the Child's behalf to the following:

Assumption of Risks: I acknowledge that there are natural hazards and risks associated with the camp activities that I have registered the Child identified on this Registration Form to participate in. I acknowledge that these risks can range from minor injuries to major injuries including death. I voluntarily assume these risks on behalf of myself, the Child identified on this Registration Form, and anyone who may be entitled to bring a claim on the Child's behalf.

Camper Name: _____

Camper Age: _____

Photo Release: I understand that photographic and/or video recordings of the Child identified on this Registration Form may be taken during the Child's participation in camp. I further provide permission to the Division of Parks and Recreation and the Delaware Zoological Society to use such images or video recordings of the Child in its promotional materials.

Child's Safety: I further certify that the Child identified on this Registration Form is in good health and is physically and emotionally capable of performing the camp activities for which I have registered the Child identified on this Registration Form to participate in. The Division of Parks and Recreation reserves the right to restrict the Child's participation in any activity that the Division of Parks and Recreation determines presents an unreasonable risk to the Child or others.

In the event of an emergency, a Division of Parks and Recreation employee will attempt to contact the parent(s)/guardian(s) and the emergency contacts listed on this Registration Form. I further consent that in the event the parent(s)/guardian(s) or the emergency contact(s) cannot be reached, or if the nature of the emergency requires immediate attention, that the Division of Parks & Recreation and Delaware Zoological Society may secure and provide all necessary medical treatment to the Child identified on this Registration Form. I understand that any medical expense not covered by the Division of Parks & Recreation or the Delaware Zoological Society shall be the Child's parent's/guardian's responsibility.

In consideration for the Division of Parks and Recreation and the Delaware Zoological Society agreeing to accept the Child identified on this Registration Form into the camp, and to the extent permitted by State Law, I hereby release and discharge the State of Delaware, the Department of Natural Resources and Environmental Control, the Division of Parks and Recreation, and the Delaware Zoological Society its agents, servants and employees, from all claims of liability for any damages or injuries which may be sustained while the Child is under the care of the Division of Parks and Recreation. This Release shall not be construed as a waiver of the State of Delaware's, the Department of Natural Resources and Environmental Control's, and the Division of Parks and Recreation's Sovereign Immunity.

Parent/Guardian Signature: _____ **Date:** _____