

Brandywine Zoo Special Holiday Camp Registration Form

Ages 4 to 13

Location: Education Building

Camp Time: 8:30am to 4:00pm

Drop-Off from 8:00 to 8:30am; Pick-Up at 4pm.

Aftercare available until 5:30pm for a fee of \$8.

Name of Camp Attending: _____

Date(s) of Camp Attending: _____

After Care? (please choose, note fee \$8): Yes No

Please note that campers will need to bring a **packed lunch and water bottle**.

Additional Items - please have camper(s) leave items such as toys, electronics, valuables, etc. at home. Please do not bring them to camp. Camp staff will not be responsible for lost or stolen items. If your camper does bring toys/electronics to camp they are to remain in their designated cubby for the duration of the camp day.

PAYMENT INFORMATION:

____ Enclosed is my non-member fee of \$_____.

____ Yes, I am a Member of the Delaware Zoological Society. Enclosed is my Zoo Camp payment, a total fee of \$_____.

____ My membership information is enclosed along with Membership fee of \$_____ and a Zoo Camp fee of \$_____.

Membership Application: ____ Household, \$45 ____ Senior, \$35 ____ Donor, \$75
 ____ Naturalist, \$100 ____ Zoo-Gooder, \$250 ____ Animal Enthusiast, \$500
 ____ Rare Bird, \$1000

Dr. Mr. Mrs. Miss Ms. (Please circle one)

Adult Name(s) _____

Street Address: _____ City _____ State _____ Zip _____

Phone Number () _____ Email Address _____

____ **CREDIT** ____ Visa ____ MasterCard ____ Discover ____ AmEx Account # _____

Expiration Date _____ Signature _____

____ **CHECK**

Please make checks payable to *The Delaware Zoological Society, 1001 North Park Drive, Wilmington, DE 19802*

CAMPER INFORMATION

Please print clearly for accuracy!

Last Name:	Grade (To Be Completed as of June 1, 2011):
First Name: Preferred Name: (if different or abbreviated from first)	School:
Birthday: (MM/DD/YEAR) Age:	Gender (please circle one): Male Female

MEDICAL INFORMATION

Health Insurance:	Doctor's Name:	Doctor's Phone:
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Does your child have any allergies?

If yes, please specify _____

Does your child have any special needs or medical conditions we should be aware of?

If yes, please specify _____

(Please note that information will be kept confidential and on a need to know basis for camp staff. We request this information to provide the best camp experience possible for your camper.)

Does your child have any dietary restrictions (other than allergies)?

If yes, please specify _____

Is your child on medication that s/he will need to take during camp?

If yes, please specify _____

Is there any other information about your child that staff could benefit from knowing to better serve your child?

**** Please note that you only need to complete pages 3 through 5 per family unit. ****

FAMILY INFORMATION

Parent/Guardian 1	Parent/Guardian 2	Primary Address
Last Name:	Last Name:	Street:
First Name:	First Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	City:
Cell/Pager:	Cell/Pager:	State:
Email Address:	Email Address:	Zip Code:

EMERGENCY CONTACT INFORMATION

The Emergency Contacts will be used/notified if the Parent/Guardians listed above cannot be reached during camp.

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

RELEASE STATEMENTS

Note: By initialing below, you acknowledge that you have read and agreed to each item.

<p><u>Medication Waiver:</u> 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 State of Delaware and the Delaware Zoological Society, all agents and employees, from and against any and all claims resulting from your child bringing medicine to camp.</p>	<p>_____</p> <p>Initials</p>
<p><u>Authorization of Treatment:</u> I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child.</p>	<p>_____</p> <p>Initials</p>
<p><u>Release Statement:</u> I acknowledge that there are natural hazards associated with camp programs and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Delaware State Parks and the Delaware Zoological Society accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the State of Delaware and the Delaware Zoological Society, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.</p>	<p>_____</p> <p>Initials</p>
<p><u>Photo Release:</u> I hereby give my permission for my child's picture to be used by Delaware State Park and Delaware Zoological Society publications or video programs.</p>	<p>_____</p> <p>Initials</p>
<p><u>Outdoor Activities:</u> I understand that this is an active camp and the majority of camp activities will take place outdoors on zoo grounds and the immediate park area.</p>	<p>_____</p> <p>Initials</p>
<p><u>Camp Policies and Camper Pick-Up:</u> I have read, understand, and explained to my camper(s) the policies and procedures provided by the Brandywine Zoo Camp. All campers are released at the end of camp to their parent/guardian or one of the individuals (<i>at least 16 years of age and with a proper photo ID</i>) listed on this section of the form. Everyone must provide Photo Identification at time of pick up.</p>	<p>_____</p> <p>Initials</p>

ZOO CAMP DISCIPLINARY POLICY

Zoo 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 camp. If it becomes necessary to take disciplinary action against a camper, 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 tuition refund.

The Zoo Camp Staff of Delaware State Parks and the Delaware Zoological Society reserve the right to bar any child from camps following a first incident in cases of serious behavior problems.

CAMPER 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, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature: _____ Date: _____

Camper Signature: _____ Date: _____

Camper Signature: _____ Date: _____

I agree to help my child(ren) abide by this code of conduct;

Parent Signature: _____ Date: _____

RELEASE OF MINORS

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on this section of the form. All individuals must be at least 16 years of age, with a proper photo ID. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: **Everyone** must provide Photo Identification at time of pick up. In addition to the names already listed on this application (parents/guardians/emergency contacts), my child may be released to the following individual(s).

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

PLEASE MAIL COMPLETED FORM WITH PAYMENT TO:

Brandywine Zoo
1001 NORTH PARK DRIVE, WILMINGTON, DE 19802
Attention: Zoo Camp