



## Camp Registration

### Choose Date of Day Camp:

#### Safari Adventure

\_\_\_\_\_ Tuesday ~ June 18, 2024  
\_\_\_\_\_ Tuesday ~ July 16, 2024  
\_\_\_\_\_ Tuesday ~ August 13, 2024  
\_\_\_\_\_

#### Pre-K through Kindergarten

10:00 am – 11:30 am \$ 40.00 (\$35.00 for Members)  
10:00 am – 11:30 am \$ 40.00 (\$35.00 for Members)  
10:00 am – 11:30 am \$ 40.00 (\$35.00 for Members)  
Book all 3 for \$110.00 ( \$90.00 for Members)

#### KidZoo Camp

\_\_\_\_\_ Saturday ~ June 15, 2024  
\_\_\_\_\_ Wednesday ~ June 26, 2024  
\_\_\_\_\_ Wednesday ~ July 24, 2024  
\_\_\_\_\_ Tuesday ~ August 6, 2024

#### Grades 1-3

10:30 am – 1:30 pm \$70.00 (\$60.00 for Members)  
9:30 am – 12:30 pm \$70.00 (\$60.00 for Members)  
9:30 am – 12:30 pm \$70.00 (\$60.00 for Members)  
9:30 am – 12:30 pm \$70.00 (\$60.00 for Members)

### Participant's (child) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Parent(s) or Guardian(s) Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**Medical Information:**

Please list any health or food allergy concerns or conditions that Pine Grove Zoo's staff should be made aware of:

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The applicant(s) has received a tetanus shot: (please check one)

Yes  No      Date of vaccination: \_\_\_\_\_

**Weather:**

Pine Grove Zoo's camps are held regardless of rain or shine. Please dress appropriately for all sorts of weather. If the weather become severe, all participants will be in a safe indoor area.

**Emergency Contact Information:**

In case of emergency, please provide 3 different contacts and phone numbers that an adult can be reached at:

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

**Agreements:**

**Cancellation/Refund Policy:**

Cancellations must be made in writing two weeks prior to the day of camp. 50% of the fee will be refunded upon written cancellation notice. 100% of the registration fee will be refunded if Pine Grove Zoo cancels the camp.

**Authority to Photograph or Video Tape:**

Permission is given for the applicant to be photographed or videotaped for education and related promotions. All photos and videos remain the property of Pine Grove Zoo.

**Consent:**

I hereby give consent for the applicant to participate in Pine Grove Zoo's Day Camp Program. I understand that there are risks involved when working in a zoo environment and I will not hold Pine Grove Zoo or it's staff or volunteers responsible form any injury arising from the applicant's participation in this program.

I have read and understand the enclosed information about the Zoo Day Camp Program. I also confirm the information provided by the applicant/guardian is accurate.

\_\_\_\_\_  
Parent/Guardian's Signature      \_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b> Date received: _____    CC, Cash, Check # _____    Amount: _____
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