

# Summer 2008 Camp KangaZoo Registration and Health/Information Form

Page 1 of 2 – One child per form

## STEP 1: HEAD OF HOUSEHOLD / ZFA MEMBER INFORMATION

Current Zoo Friends Member.  
Please list membership information:      Number:      Expiration Date:      Level:

Name of Head of Household / ZFA Member  
(list name and address as it appears on the membership):

Street Address:       Check here if new address

City:      State:      Zip+4:

Home Phone: (      )      Work Phone: (      )      Cell Phone: (      )

*If I need to be contacted during the Early Bird Registration (February 18-29) please use these phone numbers:*

Home (above)     Work (above)     Cell (above)     Alternate: (      )

E-mail Address:

*Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here  if you would also like to receive e-mail updates, news and information about other Zoo opportunities. We will not sell, trade, or exchange your e-mail address with any third parties.*

## STEP 2: EMERGENCY CONTACTS - Required for all Camp KangaZoo participants.

Please name two people we may contact to act on your behalf if you (the parent or guardian) are not available in the event of illness, homesickness or an emergency. *Please inform the contacts that, in the event we are unable to contact you, they may be contacted and asked to pick up your child from the Zoo, or asked to speak on your behalf in case of an emergency.*

Name:      Relationship:      Home Phone: (      )      Work Phone: (      )

Name:      Relationship:      Home Phone: (      )      Work Phone: (      )

## STEP 3: CHILD'S INFORMATION

First and Last Name:      Gender: M / F      Birth Date:      Grade Level (Fall 2008):

Relationship to the Head of Household or ZFA Member listed (grandson, daughter, etc.):

How should your child's name appear on his or her nametag:

**SO THAT WE MAY BETTER SERVE YOUR CHILD: (attach additional pages if necessary)**

Please describe any **medical condition or special needs** about which the camp staff should be aware regarding your child. Please include any allergies, susceptibility to nosebleeds, shortness of breath on exertion, bed-wetting, sleep-walking, dietary restrictions, etc.:

Please describe any activities in which your child should **not** participate:

Please explain anything else you would like us to know about your child.

At this time, are you aware of any medications that your child will be using during the program?  Yes  No      If yes, please specify:

*If your child needs to take medication during camp hours, please pack their medication and written instructions in their lunch container or in a fanny pack. The Zoo staff cannot administer medication but can check to make sure that each child takes their medication.*

## CAMP KANGAZOO BUDDY (optional)

Your child can choose to be in the same camper group with **one** buddy of the same age or one year apart. Please write the buddy's name here: \_\_\_\_\_ and ask the buddy to put your child's name on his/her Registration and Health/Information Form.

The two Buddy Registration Forms must be mailed in the same registration envelope. Please see "How To Register" for more information.

*Buddies will be placed in a group based on the younger buddy's birth date. Please remember that Camp is an opportunity to make new friends. There are many opportunities for campers to socialize with friends, even if they are not in the same camper group.*

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## STEP 4: CLAIMS RELEASE - Required for all Camp KangaZoo participants.

Date \_\_\_\_\_

I, (signature) \_\_\_\_\_ (print name) \_\_\_\_\_, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.

## STEP 5: MEDICAL CONSENT - Required for all Camp KangaZoo participants.

In case of emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_

## STEP 6: CHOOSE YOUR CAMP KANGAZOO SESSION(S) and T-SHIRT SIZE

Please List Child's First and Last Name (as shown on page 1):

Camp Joey	Camp KangaZoo Animals in Action	Camp KangaZoo Animal Clues and Codes	Teen Camp Animals in Action			
Check one choice <b>or</b> number in order of preference.	<input type="checkbox"/> Register me for <b>one</b> week of Camp. Check one choice <b>or</b> number in order of preference (use both columns if either choice is acceptable). <input type="checkbox"/> Register me for <b>both</b> Camp topics. Check one choice in each column <b>or</b> number each column in order of preference.		Check one choice <b>or</b> number in order of preference.			
Age 4 by Program Start – Entering Kg	Entering 1 <sup>st</sup> – 6 <sup>th</sup> Grade	Check to include Kanga- Care	Entering 1 <sup>st</sup> – 6 <sup>th</sup> Grade	Check to include Kanga- Care	Entering 7 <sup>th</sup> – 9 <sup>th</sup> Grade	Check to include Kanga- Care
	<input type="checkbox"/> Y616CKA		<input type="checkbox"/> Y616CKC			
<input type="checkbox"/> Y623CJA <input type="checkbox"/> Y623CJP	<input type="checkbox"/> Y623CKA <input type="checkbox"/>		<input type="checkbox"/> Y623CKC <input type="checkbox"/>			
<input type="checkbox"/> Y630CJA <input type="checkbox"/> Y630CJP	<input type="checkbox"/> Y630CKA <input type="checkbox"/>				<input type="checkbox"/> Y630CKT <input type="checkbox"/>	
	<input type="checkbox"/> Y707CKA <input type="checkbox"/>		<input type="checkbox"/> Y707CKC <input type="checkbox"/>			
<input type="checkbox"/> Y714CJA <input type="checkbox"/> Y714CJP	<input type="checkbox"/> Y714CKA <input type="checkbox"/>		<input type="checkbox"/> Y714CKC <input type="checkbox"/>		<input type="checkbox"/> Y714CKT <input type="checkbox"/>	
<input type="checkbox"/> Y721CJA <input type="checkbox"/> Y721CJP	<input type="checkbox"/> Y721CKA <input type="checkbox"/>		<input type="checkbox"/> Y721CKC <input type="checkbox"/>			
	<input type="checkbox"/> Y728CKA <input type="checkbox"/>		<input type="checkbox"/> Y728CKC <input type="checkbox"/>		<input type="checkbox"/> Y728CKT <input type="checkbox"/>	
	<input type="checkbox"/> Y804CKA <input type="checkbox"/>		<input type="checkbox"/> Y804CKC <input type="checkbox"/>			
			<input type="checkbox"/> Y811CKC <input type="checkbox"/>			

## CHOOSE YOUR T-SHIRT SIZE

One t-shirt is included with each Camp KangaZoo registration. Additional t-shirts are \$12 each. Indicate the total number of t-shirts ordered below.  
NOTE: T-shirts for **Animals in Action** and **Animal Clues and Codes** are different colors.

\_\_\_\_\_ Youth X-Small    \_\_\_\_\_ Youth Medium (10-12)    \_\_\_\_\_ Adult Small    \_\_\_\_\_ Adult Large    \_\_\_\_\_ Adult XX-large  
 \_\_\_\_\_ Youth Small (6-8)    \_\_\_\_\_ Youth Large (14-16)    \_\_\_\_\_ Adult Medium    \_\_\_\_\_ Adult X-large

## STEP 7: CHOOSE YOUR METHOD OF PAYMENT

**\$185 GIFT CERTIFICATE**  
*If an additional amount is due (for General Public fees, KangaCare fees, extra t-shirts) please include credit card information or additional check(s) with your registration form.*

<input type="checkbox"/> CREDIT CARD PAYMENT:				
	Registration Fee	Extra T-shirts	KangaCare	Total
<input type="checkbox"/> Camp Joey	<input type="checkbox"/> \$120 ZFA Member <b>or</b> <input type="checkbox"/> \$130 General Public	__ x \$12=\$__		\$
<input type="checkbox"/> Camp KangaZoo Animals in Action	<input type="checkbox"/> \$185 ZFA Member <b>or</b> <input type="checkbox"/> \$205 General Public	__ x \$12=\$__	<input type="checkbox"/> \$65 ZFA Member <b>or</b> <input type="checkbox"/> \$70 General Public	\$
<input type="checkbox"/> Camp KangaZoo Animal Clues and Codes	<input type="checkbox"/> \$185 ZFA Member <b>or</b> <input type="checkbox"/> \$205 General Public	__ x \$12=\$__	<input type="checkbox"/> \$65 ZFA Member <b>or</b> <input type="checkbox"/> \$70 General Public	\$
<input type="checkbox"/> Teen Camp Animals in Action	<input type="checkbox"/> \$195 ZFA Member <b>or</b> <input type="checkbox"/> \$215 General Public	__ x \$12=\$__	<input type="checkbox"/> \$65 ZFA Member <b>or</b> <input type="checkbox"/> \$70 General Public	\$
Gift Certificate Redeemed (Subtract \$185 for each certificate):				- \$
<b>Total Credit Card Payment Due:</b>				<b>\$</b>

**CHECK PAYMENT:**  
*Make check(s) payable to Saint Louis Zoo Education Dept.*  
  
*Separate checks are required for each week of Camp, KangaCare and additional t-shirts.*  
  
*A \$15 fee will be charged for returned checks. Please include your phone number on each check.*  
  
Telecheck

VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS  
 ACCT NO \_\_\_\_\_  
 EXPIRATION DATE (mm/yy) \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 CARDHOLDER NAME  
 \_\_\_\_\_  
 CARDHOLDER SIGNATURE