



ZOO CAMP REGISTRATION FORM

Sign and Mail Contract with payment to: Lehigh Valley Zoo PO Box 519 Schnecksville, PA 18078.
Attn: Education Department Checks Payable to: Lehigh Valley Zoo
Receipt of signed contract and payment is required by payment due date to confirm reservation.

| | | | |
|------------------------|----------------------|--------------------------|----------------|
| Reservation #: | 1390 | Fiscal Year: | 2019 |
| Date of Zoo Camp: | | Day of the Week: | |
| Name of Zoo Camp 1: | | Time of Zoo Camp 1: | |
| Contact Name: | | Member (If yes enter #): | |
| Camper's Name(s): | | Age/Grade Level: | T-Shirt Size: |
| Street Address: | | | Camp Category: |
| City: | State: | Zip Code: | County: |
| Phone #: | Email: | | |
| Cost/Participant: | Extended Care: | Cost/Extended care: | |
| Program total: | Deposit Due: | Deposit Due Date: | |
| Deposit Amount Recv'd: | Date Deposit Recv'd: | Balance Due: | |
| Balance Due Date: | Balance Rec'd: | Notes: | |

Education Program Policies: See enclosed Lehigh Valley Zoo program payment, change and cancellation policy.

In case of emergency and in the event I cannot be reached please contact: Emergency contact must be available during camp hours

Contact in case of Emergency/Phone #: _____

Family Doctor/Phone #/Address: _____

Family Dentist/Phone #/Address: _____

Food or Other Allergies: _____ Allergy to Bee Stings or Insect Bites: _____

Any Physical Restrictions: _____

I understand that emergencies sometimes occur. In the event I or my emergency contacts cannot pick up my child, I am aware of the Lehigh Valley Zoo's Pick-up code procedure. I understand that my child(ren) will only be released to code bearing persons as stated on the authorized pick-up list.
Signature: _____ Date: _____

Your child's safety is of utmost importance to us. Only authorized persons will be permitted to pick up your child. Please designate these people by filling in the information below. If someone other than you will be picking up your child, this person will need to provide your code by writing it down when signing your child out. The code is the last four digits of your telephone number. Please make sure you pass this information along to anyone who will be picking up your child. Your patience during this process is greatly appreciated. We want to ensure that every child departs with the correct person.

Authorized Pick-Up/Phone #: _____

Authorized Pick-Up 2/Phone #: _____

Authorized Pick-Up 3 Phone #: _____

During Lehigh Valley Zoo programs and events individual and group photographs and video recordings may be taken of people as they participate in various activities. These may be used to publicize and promote Lehigh Valley Zoo programs in local newspapers, newsletters, brochures, television and radio stations, or in workshops and seminars, with the possibility that people may be identified by name. I give permission for my child and/or me to be photographed and/or videotaped in individual and group settings, with possible identification by name, for Lehigh Valley Zoo related publications/promotions/presentations.
Signature: _____ Date: _____

I the undersigned parent or guardian, understand that the staff of the Lehigh Valley Zoo will endeavor to provide for the safety of all zoo camp participants. I do, however agree to indemnify and otherwise hold harmless the Lehigh Valley Zoo, and all agents of the Lehigh Valley Zoo, should any injury occur to my child listed on this form. If for any reason an injury, illness, or any medical emergency occurs during zoo camp, the Lehigh Valley Zoo will have permission to call for medical assistance. By signing this form, I authorize the participation of this child in the Lehigh Valley Zoo's zoo camp program and acknowledge that I have read and agree with the Lehigh Valley Zoo's Policies and all of the terms.

Parent/Guardian Signature: _____ Date of Signature: _____

Reservation Taken By: _____ Sent By: _____ Date Reservation Taken: _____

Lehigh Valley Zoo Credit Card Payment Form

***Please use this section for all credit card payments**

Full Name on Card: _____ Amount of Charge: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Type of Card: Vis Mastercard Discover Credit Card Number: _____

Expiration Date: _____ Card Security Code: _____

