

ZOO CAMP 2010 (June 21 - 25, 2010)  
**Enrollment Form**

1. Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

Child's S~M~L~XL or Adult's S~M~L~XL

Please enroll my child in \_\_\_\_\_ (half day) \_\_\_\_\_ (full day)

2. Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

Child's S~M~L~XL or Adult's S~M~L~XL

Please enroll my child in \_\_\_\_\_ (half day) \_\_\_\_\_ (full day)

I understand children can not be dropped off before 8:45 a.m. and must be picked up before 3:15 p.m. There will be a charge of \$15.00 for every 15 minutes I am late (or portion of 15 minutes) picking up my child/children (charged per child) still at the zoo after 3:15 p.m. or after noon for half day campers.

Total Check \$ \_\_\_\_\_ Total Credit Card \$ \_\_\_\_\_ Total Cash \$ \_\_\_\_\_

**NO CASH IN THE MAIL**

**ENROLLMENT IS NOT COMPLETE UNTIL THIS FORM AND THE EMERGENCY INFORMATION FORM ARE FILLED OUT IN THEIR ENTIRETY**

I agree to all policies and procedures set forth by the Alabama Gulf Coast Zoo. I understand there are some risks involved in enrolling my child in a program at the zoo. Therefore, I knowingly and voluntarily assume all risk of my child's participation, including risk of physical injury or death, and waive any and all claims against, and will not sue the Zoo Foundation Inc., (dba Alabama Gulf Coast Zoo), or affiliated companies, officers, directors, employees, agents or representatives (past or present) for any damage my child may suffer as a result of his/her participation in Zoo Camp.

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PARENT/GUARDIAN SIGNATURE

DATE

Mailing address (this will be used for all future correspondence)

Street \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

**ZOO CAMP 2010 (June 21 - 25, 2010)**  
**Emergency Information Form**

Child's/Children's Name(s): \_\_\_\_\_

\_\_\_\_\_

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

Allergies and/or special instructions: \_\_\_\_\_

\_\_\_\_\_

**In case of an emergency call:**

1. \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

3. \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

*Please provide a minimum of two emergency contacts. (Names and phone numbers)*

**The following individuals are permitted to pick up my child/children from zoo camp:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**NOTE: Please be prepared to show a photo id when picking up your child.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Please use bottom and/or the back of this form for additional information or to provide information on additional campers in your group**