

Utica Zoo Camp Registration Form

Camp Name: _____ **Camp Date:** _____ **Camp Time:** _____

Child's Name: _____ **Age:** _____ **Grade:** _____ **T-Shirt Size:** _____

Parent/Guardian's Name(s): _____ **Are you a Zoo Member?** _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Home Address: Street: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Emergency Contact: Name: _____ Phone Number: _____ Relation: _____

Does your child have any allergies? _____

Does your child have any physical or behavioral limitations? _____

Please read the following agreement and sign:

My child has permission to participate in all zoo camp activities at The Utica Zoo. I agree that my child and I will comply with all Utica Zoo regulations, including the zoo camp behavior and medical protocols. In the event of a medical emergency, I give authorization to The Utica Zoo staff to use local emergency services in order to secure proper treatment for my child if I or my emergency contact cannot be reached or if immediate treatment is deemed appropriate by The Utica Zoo staff.

Parent/Guardian's Signature: _____ **Date:** _____

\$50.00 Deposit Payment: Cash: _____ Check: _____ Credit Card: _____ Exp: _____/_____/_____

Final Payment: Cash: _____ Check: _____ Credit Card: _____ Exp: _____/_____/_____

Please send the registration form and deposit payment to The Utica Zoo, Attn: Kathleen McGill; 1 Utica Zoo Way Utica, NY 13501 or kathleen.mcgill@uticazoo.org
Registration is on a first come, first serve basis, with limited space available per session. Registration fees are non-refundable unless a camp session is cancelled by zoo staff.
You will be notified at least one week prior to camp if a session must be cancelled.