



Jr. Zookeeper Day Camp

Please fill out completely and Email to rachel@wildlifewonders.org.
Checks should be made out to "Wildlife Wonders"

Camper Information

Campers Name: _____

Address: _____

City, State, Zip _____

Age while at Camp: _____ Grade during upcoming School Year _____

Birthday ___/___/___ Gender: **M F**

Parent/Guardian Information

Name: _____

Address: _____

City, State, Zip _____

Phone (Work) _____ (Home) _____ (Cell) _____

Email: _____

Date(s) attending camp:

- Please send your camper with a snack If desired. Drinks and Snacks will be available for purchase at gift shop.
- Make sure kids are wearing comfortable clothes & shoes they don't mind getting dirty (pants or long shorts and closed toes shoes preferred).



Parent/Guardian Authorizations:

This health history is correct and complete according to all prior knowledge. The camper described in the Camp Application and Medical Information has permission to engage in all camp activities except as stated in the restrictions section of this application. In the event that I or the emergency contact person cannot be reached in an emergency, I give permission to the physician that the camp selects to administer treatment, including hospitalization for the person stated below. I hereby give permission to Creation Encounters Camp to provide basic health care, administer prescribed medication, and seek emergency medical treatment.

Camper Name _____

Signature of Parent/Guardian _____
Printed Name _____ Date ____/____/____

Camper Medical Information

This information must be filled out by a parent or guardian. The intent of this information is to provide Creation Encounters Camp with the background to provide appropriate care. Keep a copy of this form for your personal records. Any changes to this information should be given to the camp prior to arrival in camp. Please provide complete information so that the camp is aware of your camper's individual needs.
Emergency Contact (Other than Parent)

Name: _____
Relationship to Camper _____
Address: _____
City, State, Zip _____
Phone (Work) _____ (Home) _____ (Cell) _____

Insurance

Is the camper covered by family medical insurance? Yes No
Please indicate Carrier or Plan Name _____ Group # _____

Photocopy of Front and Back of Insurance card must be attached to this form

Health History

Allergies List all known
Allergies

Describe reaction and treatment

_____	_____
_____	_____
_____	_____
_____	_____



Medication Being Taken

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle. We will note administer medication. Please be sure your child is able to take on their own or have taken before or after camp hours.

This person takes NO medication on a regular basis.

This person takes medications as follows:

Med. 1 _____ Dosage _____ Specific Time _____

Reason for Taking _____

Med. 2 _____ Dosage _____ Specific Time _____

Reason for Taking _____

Med. 3 _____ Dosage _____ Specific Time _____

Reason for Taking _____

Attach additional pages if needed for more medications.

Restrictions

Please list any dietary restriction:

Please list any restrictions to activity (What cannot be done or what limitations are necessary)

Use this space to provide any additional information about the camper in regards to participant's behavior and physical, emotional, or mental health which the camp should be aware.

Name of family physician _____ Phone _____

Address _____



Disclaimer/Release Statement

The undersigned recognizes and acknowledges the North Georgia Zoo & Farm/Wildlife Wonders Encounter Program will include contact with non-domestic animals which may involve risk of bodily injuries, both known and unknown, mental anguish and property damages, both known and unknown. Further, the undersigned hereby assumes each of the risks described above and releases and discharges North Georgia Zoo & Farm/Wildlife Wonders, their officers, directors, agents, employees and all volunteers from any and all actions, causes for actions, claims, demand cost, expenses, attorney's fees, compensation, on all consequential or other damages now accrued or hereafter to accrue to or for the benefit of the undersigned on account if or in any way arising out of the participation by the undersigned in the Encounter Program, specifically including, without limitation, any personal injury or property damage incurred while on North Georgia Zoo & Farm/Wildlife Wonders property.

The undersigned also agrees that any photographs taken or audio-visual recordings (including film, videotapes, or digital format) made at North Georgia Zoo & Farm/Wildlife Wonders by the undersigned will be used only for private non-commercial purposes, and that no other use (whether commercial or non-commercial) of such photographs or recordings will be made without the prior written authorization of North Georgia Zoo & Farm/Wildlife Wonders.

The undersigned acknowledges that he/she has read and understands and fully agrees to the above.

Photography/Videography Release

I do hereby irrevocably authorize North Georgia Zoo, its legal representatives and assigns, to copyright, publish, and use in all forms and media for any lawful purpose whatsoever, any photographic or video images or recordings of me or minor named below, in which I or minor may be included in whole or in part, alone or in conjunction with other persons, or composite or distorted in character or form, in conjunction with my own or other persons, or a fictitious name, or reproductions thereof, or in derivative works made through any medium.

I do hereby waive any right that I may have to inspect or approve any images or recordings or the use to which they may be applied. If Minor, I do hereby waive any right that I may have on behalf of the minor named below to inspect or approve any images or recordings or the use to which they may be applied.

I hereby release and agree to hold harmless North Georgia Zoo, its legal representatives and assigns, and all persons acting under its authority, from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the images or recordings, or in any processing tending toward the completion of the finished product.

I do hereby warrant that I am of full legal age and have every right to contract in my own name in the above regard. If Minor, have every right to contract as parent or legal guardian of the minor named below in the above regard. Further, I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof.

Type of Encounter(s): Day Camp

Minor Print Name: _____ Date: ____/____/____

Under 17 Must Have a Parent's/Guardian's Signature

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

Adult Print Name: _____ Date: ____/____/____

Adult Signature: _____ Date: ____/____/____

Address: Street: _____

City: _____

State: _____ Zip: _____

Adult Phone: (_____) _____ - _____

Adult E-mail Address: _____