

Cohanzick Zoo Camp Registration Form

(This form must be completed IN FULL.)



First child's name: _____ session # _____ birthdate _____

Shirt size requested: Child: sm, med., lg, or Adult: sm, med, lg

Age: _____ Sex: _____ Amount: _____

Second child's name: _____ session # _____ birthdate _____

Shirt size requested: Child: sm, med., lg, or Adult: sm, med, lg

Age: _____ Sex: _____ Amount: _____

Third child's name: _____ session # _____ birthdate _____

Shirt size requested: Child: sm, med., lg, or Adult: sm, med, lg

Age: _____ Sex: _____ Amount: _____

Address: _____

City/ State/ Zip: _____

Telephone: _____ **Email:** _____

If your child has any allergies, physical, or social limitations or is currently receiving medication, please specify:

Please make camp registration fee of \$85 per child payable to : City of Bridgeton
Attn: Zoo Camp 2011

In case of an Emergency, when legal guardian cannot be reached, list names and numbers of two people to be called:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Legal Guardian Waiver (Zoo Camp)

This is to certify that _____ has received my permission to participate in Zoo Camp sponsored by the Cohanzick Zoological Society. I hereby relieve the City of Bridgeton and the Cohanzick Zoological Society, its' staff and instructors from any responsibility for any bodily injuries, etc., incurred by my child/children as a result of her/his/their participation in this activity. I also give permission for zoo camp photos, videos and camp projects to be used for publicity purposes only.

Signature _____

Date _____

Office Use: ___pd Cash/Ck# _____
Session placed: _____