

REGISTRATION FORM AND PHOTO RELEASE

Child's First and Last Name: _____

Age: _____ (At the time of camp.) **DOB:** ____/____/____

Shirt Size: YS YM YL AS AM AL AXL

Mailing Address: _____
 _____ **Sex:** M F

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Parent/Guardian First and Last Name: _____

Daytime/Cell Number: _____

Alternate Phone Number: _____

Parent/Guardian Signature: _____

Date: ____/____/____

MEMBERSHIP STATUS

We are current family members We are not members.

Camp Title	Camp Date	Total Camp Price
\$250- Member		
\$275- Non-Member		
\$40 - Aftercare/week		
\$10 - Extra t-shirt(s)		
	Total Fees	

PAYMENT INFORMATION:

Check Visa MC Discover

Credit Card Number: _____

Expiration Date: ____/____/____ **CV2:** _____

Payment can also be given in person at the Zoo Gift Shop or over the phone by calling the Education Department at 512-288-1490. Your spot is not reserved until payment has been processed.

Austin Zoo is not liable for private information, including credit card information, sent in the registration form. Full payment is due at the time of registration. Cancellation & Refund Policy: To receive a refund, less a camp \$40 cancellation fee per camp, cancellations must be made two weeks prior to the start date of a camp. Cancellations made within two weeks of the start date of a camp cannot be refunded. No refunds will be given due to inclement weather. Registration changes can be accommodated if space is available. Austin Zoo reserves the right to separate or combine camps.

AUSTIN ZOO - AUSTIN ZOOLOGICAL SOCIETY

RELEASE FORM: In consideration of my child, _____ being allowed to participate in Austin Zoo Summer Camps. I, the undersigned parent/legal guardian do hereby release and agree not to hold liable Austin Zoo, its officers, agents and employees, from any and all actions, causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by my child on Austin Zoo's property arising from or resulting from an act or omission, negligent or otherwise, of Austin Zoo, its officers, agents or employees while participating in Austin Zoo Summer Camps. _____ Initial

Consent is hereby given for my child to attend Austin Zoo Summer Camps and permission is given for any emergency medical treatment which might be necessary. _____ Initial

I understand that some camp activities such as husbandry and hiking carry inherent hazards and are physically strenuous. _____ Initial

PHOTO/VIDEO RELEASE: I hereby authorize Austin Zoo and Austin Zoological Society to use, reproduce, and/or publish photographs and/or video that may pertain to me – including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits, or for other related endeavors. This material may also appear on Austin Zoo, Austin Zoological Society or third party vendors' Internet Web Page and/or digital social media services. _____ Initial

PLEASE CHECK ONE:

_____ I AGREE, and hereby certify that I am the legal guardian of the minor(s) below and can legally grant permission for the use of his or her image.

_____ I DISAGREE

Participant Full Name(s): _____

Parent/Guardian Full Name(s): _____

Relationship to Participant: _____

Phone Number: _____

Signature: _____

Date: ____/____/____

Please complete health form on reverse side

Mail : Austin Zoo

Attn: Summer Camp
 PO Box 91808
 Austin, TX 78709

Fax: (512) 288-3972

Web: www.austinzoo.org

*A Roaring
 Good Time!*





HEALTH FORM

Child's Name: _____

Birth date: ___/___/___ Age: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime/work phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

HEALTH HISTORY:

Is child currently under the care of a physician or psychologist? Yes No

If Yes, please explain below. _____

Please note any allergies, reaction and treatment: _____

Are there any activities that should be restricted? _____

Would your child benefit from behavioral or physical accommodations? _____

Is there anything else we should know about your child to help us ensure his/her best chance at success? _____

This health history is correct as far as I know, and the child described has permission to engage in all camp activities except as noted by me.

Parent/Guardian Signature: _____ Date: ___/___/___

In case of medical emergency, and in the event that I cannot be reached or present, I give permission to the Austin Zoo staff to secure medical treatment, including hospitalization, for my child.

Parent/Guardian Signature: _____ Date: ___/___/___

Parent Guardian Name (Printed): _____