



Registration Packet

Please complete one set of forms per program participant.

Participants must be between ages 5-10.

Name of Activity/Program: WINTER BREAK CAMP
Date(s) of activity: DECEMBER 30-31, 2024, JANUARY 2-3, 2025 (no camp on Wednesday, January 1)

Parent/Guardian Information

Parent/Guardian Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (Cell) _____ (Business)
Email: _____

Fees & Payment

Payment is due in full at time of registration.

	Full-Day Camp (9am to 4pm)	Half-Day Camp (9am to 12:30pm)
Member rates	<input type="checkbox"/> \$180	<input type="checkbox"/> \$124
Non-Member rates	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140

TOTAL ENCLOSED =

- Cleveland Zoological Society membership number: _____ Exp. Date: ____/____/____
- I have enclosed a check or money order payable to **Cleveland Metroparks Zoo**
- Charge my credit card (Visa, MasterCard, Discover)

Account Number _____ Exp. Date ____/____ Security Code _____
MM/YY

Name as it appears on card _____

Billing Address (if different than above) _____

Card Holder's Signature _____

Cancellation Policy

Program fees and deposits are **non-refundable**. Participants assume risk of all changes in personal health and affairs. With advanced notice of one week prior to the scheduled program date, the program may be rescheduled for free to a new date pending inventory/availability before the end of the following calendar year with a maximum of one (1) reschedule move. Rescheduling requests will not be honored for "no-shows" and requests submitted with less than a week's notice, will be reviewed on a case by case basis.

If Cleveland Metroparks Zoo finds it necessary to cancel a program, a refund or internal education program credit will be issued. Registrants will be notified if programs are cancelled. By registering for a program, you acknowledge that you have read and understand this policy.

Mail form and payment to Cleveland Metroparks Zoo, Guest Resource Center, 3900 Wildlife Way, Cleveland, OH 44109

Medical Information (Youth Attendee)

Attendee Information

Name of Participant: _____ Birth date: ____/____/____

Age of Participant as of December 1, 2024: _____ Gender: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____ (Home) _____ (Cell) _____

(Business)

Date(s) of activity: **DECEMBER 30-31, 2024, JANUARY 2-3, 2025 (no camp on Wednesday, January 1)**

Name of Activity/Program **WINTER BREAK CAMP**

Emergency Contact Information (Please circle the number to call first in an emergency)

1. Name: _____ Relationship to child: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (cell) _____ (Business)

2. Name: _____ Relationship to child: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (cell) _____ (Business)

Medical History

Is your child/ward up to date on vaccinations required by your child's school district? Yes No

If no, please explain. _____

List any special dietary needs that your child/ward has: _____

List any allergies your child/ward has, including reactions to insect bites, food allergies, and reactions or allergies to bug spray, sunscreen or other topical products: _____

Have any of these allergies resulted in anaphylaxis? Yes No

If yes, will your child/ward be bringing an epinephrine injector to the Cleveland Metroparks program? Yes* No

Is your child/ward taking any medication (oral or topical prescription or nonprescription)? Yes* No

If yes, please list:

Medication/Dosage

Reason/Ailment

*** If you answer yes to one of these questions, please complete the Request for Administration of Medication Form.**

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Does your child require a special accommodation from Cleveland Metroparks for any reason in order to participate in the program? Yes No

If so, please describe the accommodation requested:

List any other history of medical problems or special circumstances Cleveland Metroparks should be aware of:

Medical Insurance Company: _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

Race/Ethnicity (please select all that apply):

American Indian or Alaskan Native

Middle Eastern

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White or Caucasian

Hispanic or Latino

Other