



3667 Concession 6
 Orono, Ontario
 LOB 1M0
 Canada
 Camp: 905.983.8217
 Zoo: 905.983.5016
 Fax: 905.983.9858
www.zoocamp.com
info@zoocamp.com

2008 REGISTRATION FORM

For any camper under 18 years of age, this form is to be completed by a parent or legal guardian. **Registrants for the adult program are only required to fill out the sections/fields that are marked with a red asterisk "*".** Please print clearly and mark the appropriate boxes with an "X". The information requested helps ensure each camper has a fun, comfortable and safe experience. Feel free to include additional information in an attached letter. All information is strictly confidential. Please be environmentally friendly by printing this form using both sides of a sheet of paper. Thank-you!

CAMPER INFORMATION

*First Name: _____ *Last Name: _____ Middle Name: _____
 AKA/Nickname: _____ *Birth Date: **MM/DD/YY** Age at the start of camp: _____
 *Will camper have their Birthday while at Safari Zoo Camp? Yes No
 *Home Address: _____ School Grade Completed prior to Camp: _____
 *City: _____ * Male * Female
 *Prov./State: _____ *Postal/ZIP Code: _____ *Home Phone: () _____
 *Country: _____ *Camper E-mail: _____
 Native or Primary Language Spoken: _____ Second Language: _____
 If English is their second language, what level are they at: Beginner Intermediate Advanced

PARENT/GUARDIAN INFORMATION

Camper lives with: Mother Father Both Legal Guardian

Mothers First Name: _____ Last Name: _____
 Home Phone: () _____ E-mail: _____
 Work Phone: () _____ Cell Phone: () _____

Fathers First Name: _____ Last Name: _____
 Home Phone: () _____ E-mail: _____
 Work Phone: () _____ Cell Phone: () _____

(If different from campers home address) Mailing Address of: Mother Father
 Home Address: _____ Country: _____
 City: _____ Prov./State: _____ Postal/ZIP Code: _____

Guardians First Name: _____ Last Name: _____
 Home Phone: () _____ E-mail: _____
 Work Phone: () _____ Cell Phone: () _____

Are you working with a Child Care Agency or other Support Program? Yes No
 If YES, Name of Organization: _____
 Contact Name: _____ Work Phone: () _____
 Pertinent Details: _____

Specify any other(s) authorized to visit or pick-up the camper from Safari Zoo Camp- photo ID will be required:
 First Name: _____ Last Name: _____ Relation to Camper: _____
 First Name: _____ Last Name: _____ Relation to Camper: _____

* EMERGENCY CONTACT INFORMATION

To be used ONLY if a parent or legal guardian can not be contacted during a serious illness or emergency

First Name: _____ Last Name: _____
 Relation to Camper: _____
 Home Phone: () _____ E-mail: _____
 Work Phone: () _____ Cell Phone: () _____

→ Please attach a recent, close-up photo of the camper with their full name written on the back ←
(Not required for the adult program)



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PROGRAM INFORMATION

SAFARI CLUB: Ages 6-8

KIDS CAMP: Ages 9-12

- Session 1, June 29 – July 5
- Session 1, June 29 – July 5
- Session 2, July 6 - July 12
- Session 3, July 13 - July 19
- Session 4, July 20 – July 26
- Session 5, July 27 – August 2

TEEN CAMP: Ages 13-17

- Session 6, August 3 – August 9
- Session 7, August 10 – August 16
- Session 8, August 17 – August 23

***ADULT CAMP: Ages 18+**

- Session 9, August 29 – August 31

ALTERNATIVE SESSION (2nd choice)- please circle: 1 2 3 4 5 6 7 8

Try to ensure this camper is in the same bunkhouse as the following camper (*write full name*):

1.

2.

* Conditions that apply: • mutual request • gender and age appropriate • available space

* PAYMENT

A \$100.00 deposit is required, per camper/session, with the completed Registration Form to secure enrollment. Full payment must be received prior to June 1. Only Canadian Funds accepted.

Please find enclosed:

Deposit only: \$100.00 per camper/session

Full payment: \$750.00 (plus 8% tax) per camper/session: **\$810.00**

Full payment: \$350.00 (plus 8% tax) per adult camper (Session 9): **\$378.00**

Transportation Service to and from Toronto: (eg- Airport, Train Station, Bus Terminal, etc)

\$78.75 per trip (*tax included*)

For those staying more than one week consecutively and require weekend supervision:

\$81.00 per weekend (*tax included*)

The camper will be going home or staying with an authorized guardian between Sessions

Discounts: Please DO NOT apply the discount to the Deposit Fee. Deposits must be paid in full. Please deduct any discounts from the cost of each session, **before taxes**, AND THEN add the 8% tax.

\$50.00 off: Repeat camper, Jungle Cat World member or more than one camper attending from the same family

\$20.00 off: Registration received prior to March 31

TOTAL AMOUNT ENCLOSED: \$

PAYMENT OPTIONS: Credit Card Cheque Money Order Cash

VISA MASTERCARD AMERICAN EXPRESS Name on Credit Card: _____

Card Number: _____

Expiry Date: **M M/Y Y** _____

Cardholder's Signature: _____

I authorize Safari Zoo Camp to charge the balance owing to my Credit Card after June 1: Yes No

• **MAIL:** Safari Zoo Camp, 3667 Concession 6, Orono, Ontario, LOB 1M0, Canada

• **DROP OFF:** Deliver payment to Jungle Cat World Wildlife Park's administrative office at address above

• **FAX:** 905.983.9858 (Credit Card only. Original Registration Form must be submitted or mailed to Camp)

• **PHONE:** 905.983.5016 (Credit Card only. Registration Form must be submitted or mailed to Camp within 3 wks.)

* CANCELLATION AND REFUND POLICY

All cancellations must be in writing. The initial \$100 deposit is not eligible for refund, credit, or transfer. There is no refund for cancellations received after June 1. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures. Withdrawal due to a physicians order (accompanied by a medical certificate), or release from the program due to a transferable or communicable condition, will be issued a refund for the number of days missed. There will be no refund for any camper, for whatever reason, that decides to leave camp. For conditions beyond our control, we reserve the right to cancel any session, whereas a full refund will be issued. There is a \$35.00 charge for NSF cheques. I have read and agree to Safari Zoo Camp's Payment and Cancellation terms, policies and conditions.

◆ Signature of Parent/Guardian/Adult camper: _____

Date: **M M/D D/Y Y** _____



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MEDICAL INFORMATION

*Family Physician- Full Name: _____

*Office Phone: () _____ Date of Last Examination: **M M/D D/Y Y**

*** Health Insurance:** Health Insurance of some type is mandatory. Campers that are Canadian residents are required to submit a clear photocopy of their Health Insurance Card. All other campers that reside outside of Canada are required to submit a copy of their Health Insurance Plan. * Non-Canadian residents are required to pay any medical expenses directly, which is later reimbursed by the health insurance company.

Canadian Residents: Health Card #: _____ Version Code: _____

Province: _____ Valid Until: **M M/D D/Y Y**

International Residents: Name of Insurance Company: _____

Policy #: _____ Emergency Contact Phone#: () _____

* Allergies & Reactions

Drugs: _____

Food (also note dietary restrictions or choices, for example- vegetarian, lactose intolerant, etc): _____

Animals (including insect stings/bites): _____

Seasonal Allergies: _____

Other: _____

Carries: ANAKIT: Yes No EIPEN: Yes No Inhaler/Bronchodilator: Yes No

If the camper has had an anaphylactic reaction, advise when and severity: _____

Immunizations

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Meningoccal Disease- Group C |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal Disease |
| <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> Haemophilus Influenzae B(HIB) |
| <input type="checkbox"/> Camper has NO vaccinations(please provide details below) | <input type="checkbox"/> Varicella (Chicken pox) |

Past History of Communicable Diseases and Approximate Dates

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox M M/D D/Y Y | <input type="checkbox"/> Mumps M M/D D/Y Y | <input type="checkbox"/> Whooping Cough M M/D D/Y Y |
| <input type="checkbox"/> Measles M M/D D/Y Y | <input type="checkbox"/> Hepatitis M M/D D/Y Y | <input type="checkbox"/> Other: M M/D D/Y Y |

Other Health Issues

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds/Sinus Trouble | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Frequent Earaches/Infections | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Behavioural Concerns | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Emotional/Physical Limitations | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Vision Difficulties | <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Other: |

Diagnosed with: Autism Tourette's ADD/ADHD Other: _____

Please provide relevant details and/or treatment for any of the above concerns: _____



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Does the camper require: Glasses/Contact Lenses Hearing Aid Dental Appliances
 Specify any necessary details/treatment: _____

Is there currently any form of treatment/medication for any illness, operation or injury? Yes No
 If YES, specify necessary details/treatment: _____

*Have there been any illnesses, operations or injuries in the past that may limit or affect participation in any of the Safari Zoo Camp activities? Yes No
 If YES, please specify: _____

Has the camper received or is receiving psychological, group counselling or psychiatric help? Yes No
 If YES, please provide any necessary information: _____

For female participants: Has she menstruated? Yes No
 If NO, has she been told about it? Yes No If YES, is the menstrual history normal? Yes No
 Special Considerations: _____

Medication to be Given at Camp: All medication must be submitted to Safari Zoo Camp in its original container, clearly labeled by a pharmacist or physician with the medications name and instructions.

Medication Name	Dosage	Time(s)	Reason for Taking
1.			
2.			
3.			
4.			

Does the camper take any medications that will NOT be sent to camp? Yes No
 If YES, explain if necessary: _____

Permission granted to give the camper the following nonprescription medication if deemed necessary:
 Acetaminophen (Tylenol) Ibuprofen (Advil) Dimenhydrinate (Gravol) Antihistamines

CONFIRMATION AND AUTHORIZATION

To the best of my knowledge, this camper is in good health and I have fully disclosed all medical, psychological and/or emotional problems or concerns. In case of emergency, should I not be immediately available for consultation, I hereby give permission to the Safari Zoo Camp staff to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation, injections, anesthetics or surgery for _____ (*campers full name*). I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of the above camper. I acknowledge that any medical treatment will be performed in the Province of Ontario and that the Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of the camper's stay at Safari Zoo Camp/Jungle Cat World, or his/her medical treatment, including any relationship with a physician, nurse or hospital. I hereby agree that if I commence any such legal proceedings they will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario. In the case that the above medical information should change before arriving at camp, I will disclose changes in the camper's health status in writing to the camp.

◆ Signature of Parent/Guardian: _____

Date: MM/DD/YY



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* CAMPER PREFERENCES AND OTHER INFORMATION

Permission to publish the campers photo in a newsletter, website and/or advertisement: Yes No

T-shirt Size: Youth S YM YL Adult S M L XL XXL

Number of years coming to Safari Zoo Camp excluding upcoming summer? _____

*Preferred accommodations (*adult program only*): Bunkhouse Tent Other Arrangement

Please note any special interests/apprehensions the camper has regarding nature/wildlife: _____

What special interests, hobbies or talents does the camper have? _____

What characteristics best describe this camper (eg: energetic, helpful, shy, difficulty making friends, needs encouragement, etc): _____

*How did you hear about Safari Zoo Camp: Another Camper/Family Word of Mouth Website
 Jungle Cat World's Educational Outreach Program Visit to Jungle Cat World Wildlife Park
 Advertisement- please specify: _____ Other- please specify: _____

* RELEASE, WAIVER AND INDEMNITY

In consideration of the owners of Safari Zoo Camp/Jungle Cat World, its directors, management, staff and/or volunteers, accepting _____ (*campers full name*) as a participant at Safari Zoo Camp/Jungle Cat World, I _____ (*parent/legal guardian/adult camper- full name*), my heirs, executors, administrators, successors and assigns, hereby waive, release and forever discharge the owners of Safari Zoo Camp/Jungle Cat World and all their respective officers, employees, servants, agents, contractors, representatives, volunteers, successors and assigns (collectively Safari Zoo Camp/Jungle Cat World) of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to the camper or his/her property howsoever caused, arising or to arise by reason of the campers participation in the Safari Zoo Camp/Jungle Cat World program, whether as a spectator, participant or otherwise and whether prior to, during or subsequent to the campers participations in the program. I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability by any or all of them arising as a result of, or in any way connected with, the campers participations in the said program, except such as results solely from its or their willful neglect or willful default. I confirm that the above camper is capable of participating safely in the full program and all activities unless I advise you otherwise in writing and I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me. By signing this document, I acknowledge having read, understood and agreed to the above release, waiver and indemnity.

◆ Signature of Parent/Guardian/Adult camper: _____

Date: M M/D D/Y Y

REGISTRATION CHECKLIST

Prior to mailing the Registration Form, please be sure the necessary information, paperwork and payment is included.

- * Camper Application Form completed:
 - All necessary information given
 - Appropriate boxes marked with an "X"
- Recent close-up photo of the camper with their full name written on the back
- Photocopy of Health Insurance Card (Canadians) or Health Insurance Plan (non-Canadian residents)
- * Deposit or full payment: Cheque, Money Order or Credit Card information
- * Agreements signed and dated:
 - * - Cancellation and Refund Policy
 - Confirmation and Authorization (medical information)
 - * - Release, Waiver and Indemnity

Last updated: January 8, 2008