

# S.I. ZOO ZOOFARI REGISTRATION FORM -- SPRING 2019

## PARTICIPANT'S NAME

Current Grade

Tshirt Size

Camper's Age

## CONTACT INFORMATION

Parent or Guardian's Name

Address City State Zip

Phone number: Home Cell Work

Email address

Emergency Contact if parent or guardian cannot be reached:

Name Relationship

Address Phone number(s)

## HEALTH HISTORY

List all known allergies and describe how reaction is managed. Attach additional page if needed.

Is the participant on any medications or receiving any special services? If so, please list on reverse side.

Are there any medications taken during the school year the participant may or may not take during the session? If yes, please identify:

Is your child up to date on all well-care visits and vaccines?

Does your child have any physical limitations? If so, please list.

## REGISTRATION WILL NOT BE TAKEN WITHOUT:

- Completed, signed registration form
- Proof of grade. (Copy of report card -- can be last year's) Your child will be enrolled in the grade of current attendance.
- Proof of age for 4 year olds. Child must be 4 years old and attending Pre-K program.
- Proof of membership (for member ship discount)
- Payment (checks payable to: Staten Island Zoo; credit card or money order)

**Mail or Bring to:** Staten Island Zoo  
614 Broadway  
Staten Island, NY 10310

**Fax your application to 718-442-8492**  
If sending by Fax, please provide your credit card number.

**Online Registration at [stateniszoo.org](http://stateniszoo.org)**

**BULLYING & DISRUPTION POLICY:** The Staten Island Zoological Society is committed to providing a safe, nurturing environment for both our participants and staff. We feel strongly that bullying is unacceptable. Bullying is defined as any action which hurts or threatens another person, either physically or mentally. Our program will not tolerate any behavior which is emotionally or physically harmful to a participant or staff member. Any participant's behavior that disrupts the mission and goals of the program and its participants, similarly, will not be tolerated. If a participant is verbally or physically abusive, a warning will be given. This will be documented and the parent/guardian will be contacted. If a second incident should occur, the behavior will be documented, parent/guardian will be notified, and the child may be asked to leave the program.

## CANCELLATION POLICY:

A fee of \$25 will be charged if you cancel your registration within 15 days of the start of the session. A fee of \$50 will be charged for cancellations after 5 days from the start of the session.

**All fees are due in Check, Credit Card or Money Order. No cash accepted.**

## For office use only:

Type of Membership: Dual/Family/Grandparent  
New Member/ Existing Member

Type of Payment: CK CC Money Order

How received: Drop off / Walk-in / Mail / Phone-in / Online

Date received:

Anything else you would like us to know about your child?

## PERMISSIONS

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_ (the participant), give permission for the participant to participate in all activities of the Staten Island Zoo Zoofari Program except as noted by me. The Staten Island Zoological Society has my permission to use any photographic or video record taken of my child during the program for promotional purposes.

As evidenced by my signature below, I hereby waive any and all claims that I may have against the Staten Island Zoo or entities who lead or direct the Camp arising from or in connection with the participant's involvement in ZooFari activities. I also indicate by my signature that the Health History is correct and all relevant information has been included to the best of my knowledge. In the event that I cannot be reached in an emergency, I hereby give permission to the Program's director, or those appointed by the director, to administer emergency medical treatment to the participant or secure the services of an ambulance, hospital, physician or other medical professional to treat the participant as the program directors deem appropriate. I also acknowledge that the program directors are not responsible for the self-administration of medication or medical treatment by the participant.

Parent/Legal Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_