

# Ellen Trout Zoo Zoo Safari 2010 Registration Form



Sign-up for  
the grade  
they are  
going into!

Session – circle:

1a 1b 2a 2b 3a 3b 4a 4b 5a 5b  
6a 6b 7a 7b 8a 8b 9a 9b

Participant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

In case of an emergency, the Ellen Trout Zoo Staff will call 911 (local emergency services).

T-Shirt Size

YS

YM

YL

YXL

AS

AM

AL

AXL

Medication(s) - Please specify any and all medications that our staff must be aware of:

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

\*Staff cannot administer or dispense medication to children. Campers must be able to take their own medication. In some circumstances, a member of the Education staff may be designated to carry any required medication while the participant is on Zoo grounds (e.g. asthma inhalers); such arrangement must be specified on this form. Medications will be kept in a locked cabinet and will be made available to the children as directed by the parent/guardian on this form.

Special Needs - Please indicate any special needs our staff must be aware of:

Special Needs: \_\_\_\_\_

Directions: \_\_\_\_\_

\*Special needs such as physical, academic, social and/or dietary will be accommodated to the best of our ability. Please note that the zoo does not employ specific individuals certified and trained to handle special needs. The Ellen Trout Zoo does not provide allergen free foods or snacks.

**By signing this form I acknowledge that all provided information is accurate and I understand and support the emergency, medication and special needs policies.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_