

# Zoo Knoxville's Wildly Fun Connects Zoo Camp 2017



**Cost:** Zoo Knoxville Members: \$115; registration starts 2/1  
Non-members: \$135; registration starts 3/1

**Details:** Wednesday - Friday  
9:00am to 3:00pm  
Bring a sack lunch and snacks, Drinks will be provided.

Come join your friends for Connects Zoo Camp at Zoo Knoxville! In partnership with Open Doors TN this is a special 3 day camp designed for campers with special needs. Peer buddies will assist the campers throughout the camp.

## Peer Buddies

Peer buddies help your camper navigate through the day, assisting in any way they can. Each camper must attend with a fully-abled peer buddy that is able to assist your camper as needed. Peer buddies must register separately, but will not be charged a fee. If your camper does not have a peer buddy Open Doors TN can try to find one for you. We will let Open Doors TN know of your need and contact you once a peer buddy has been found. If a peer buddy cannot be found for your camper, you will receive a full refund.

All camps are held at Zoo Knoxville rain or shine. Programs fill quickly and are on a first-come, first-serve basis. Registration fees are non-refundable unless the program is canceled by Zoo Knoxville or Open Doors TN is not able to find a peer buddy for your camper.

Advanced registration is required. Member registration begins February 1st. Non-member registration begins March 1st. To register, please fill out the registration and other forms below and send the forms and payment by mail, fax or e-mail. ***Your child will not be registered until all forms and full payment are received. No phone registrations, please.*** A separate registration packet should be filled out for each camper. If you have questions, please contact [zkfamily@zooknoxville.org](mailto:zkfamily@zooknoxville.org).

## Summer Camp

### Connects Camp (6-22 Year-Olds)

#### Wild Wonders

This is a three day camp for children with special needs. This camp will engage campers' curiosity about animals and their habitats. From meeting animal ambassadors face-to-face and feeding giraffes to hands on sensory activities, your campers will be excited for more!

May 31<sup>st</sup> – June 2<sup>nd</sup>





**MEDICAL RELEASE FORM**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

All Phone #(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency when you cannot be contacted, list the name and phone number of the person(s) to be called

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies (drugs, foods, insect bites, etc.)

Current medication and reason(s) for taking

Does your child have a diagnosis, if so what is that

In case of emergency if you have a hospital preference please list

I authorize and direct Zoo Knoxville (zoo) to call a doctor or other medical personnel and to obtain or provide such other medical services as the zoo, in its sole discretion, deems necessary or appropriate in the event of an accident or sickness affecting my child. I shall be solely responsible for paying all expenses incurred with respect to any such accident or sickness. I understand that the group will be interacting with animals, participating in walking hikes and tours and games. Except as set forth above, I certify that my child is in good health and can participate in all normal activities of the group. I understand that reasonable measures will be taken to safeguard the health and safety of the children and that the zoo will notify me as soon as reasonably possible in case of any emergency affecting my child. However, in the event that an accident or sickness occurs concerning my child, I will hold harmless and release the zoo, the Board of Directors, the staff of Zoo Knoxville and the City of Knoxville from all liability concerning such accident or sickness.

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

**PHOTO RELEASE**

I hereby grant permission to Zoo Knoxville to use photographs of me and/or my child under 18 years of age for publicity and promotional purposes. We will be taking pictures of the campers' experience during camp, if you do not give us permission to photograph your child they will not be in any of the pictures sent home at the end of the week.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date



## Connects Zoo Camper Pick Up Permission Form

Connects Zoo Camper's Name \_\_\_\_\_  
(Please print.)

Date of Camp \_\_\_\_\_ Age group 6-7 8-10 11-14 15-22

Parent or Guardian's Name (Please Print) \_\_\_\_\_

Home Ph. (\_\_\_\_) \_\_\_\_\_ Work Ph. (\_\_\_\_) \_\_\_\_\_ Cell Ph. (\_\_\_\_) \_\_\_\_\_

Parent or Guardian's **Signature** \_\_\_\_\_

Please list everyone who is authorized to pick your child up from camp. Circle all of the days that each person is allowed to pick up your child. **Please inform the camp instructor in the morning if there are any changes in your child's pick-up schedule.**

**Name of authorized person  
& relationship to camper**

**Phone numbers  
(Home and Cell)**

**Work phone and  
days allowed to pick up**

1. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

2. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

3. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

4. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

5. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

6. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F

7. \_\_\_\_\_

H: \_\_\_\_\_

Work: \_\_\_\_\_

C: \_\_\_\_\_

Days: W Th F



## CONNECTS ZOO CAMP BEHAVIOR CONTRACT

### Expectations

1. Follow the counselor's directions.
2. Always stay with the group.
3. Be courteous to others. Remember to treat others as you would like to be treated. Keep your hands, feet and other objects to yourself.
4. Always talk to a counselor if you have a question or a problem during camp. We won't be able to help you if you don't speak up.
5. Pay attention and listen when someone is speaking.

Failure to follow these expectations will result in an unsafe or unenjoyable atmosphere for you and others in camp. Should that happen, the following consequences will occur:

### Consequences

Depending on the severity of the situation or if the behavior persists, one or more of the following consequences will be taken.

1. Counselors will discuss the behavior with the camper.
2. Counselors will discuss the behavior with the parent/guardian.
3. The child will be sent home immediately or told that he/she will not be allowed to return the following day.

Note: There are no refunds when a child's own behavior requires he/she be sent home.

---

I have read and understand the Zoo Camp Behavior Contract and I have discussed it with my child in a manner that he/she can understand.

---

Parent / Guardian Signature

---

Date Signed

---

Print Child's Name