



Welcome to Wildly Fun Camp at Zoo Knoxville!

You're almost done! So your camper can have a safe and enjoyable week of camp, we need you to fill out the attached forms as soon as possible.

Thank you for registering for Camp at Zoo Knoxville! Help us make your first day of camp easier by filling out the attached forms and returning them to Zoo Knoxville's Education Department as soon as possible.

Dashboard signs will be sent out two weeks prior to the start of camp and are required for drop off and pickup. You will not receive your dashboard sign and will not be able to drop your camper off until we have the remaining paperwork. Avoid the delay! Turn your forms in early so you can get in and out quickly!

Included forms:

- Medical Release Form and Photo Release Form
- Pick Up Permission Form
- Behavior Contract

All forms are required before your camper can be admitted to camp.

Please send completed forms to:

Email: ZKFamily@zooknoxville.org

Fax: 866-647-4871 Note: 866 is a toll-free number.

Or mail to:

Zoo Camp, Education Department
Zoo Knoxville
3500 Knoxville Zoo Dr
Knoxville, TN 37914

Thank you! We look forward to seeing your camper!



MEDICAL RELEASE FORM

Child's Name _____ Age _____ Birthdate _____

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 to any drugs, foods, insect bites, etc. and the severity of those allergies (ingestion, touch, airborne, rash or anaphylactic reaction)

Current medication and reason(s) for taking

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

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. 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



Camper Pick Up Permission Form

Camper's Name _____
(Please print.)

Date of Camp _____

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. **Please inform the camp instructor in the morning or email the Family Education Coordinator if there are any changes in who is authorized to pick your child up.**

Name of authorized person	Primary Phone Number	Secondary Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____



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 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