

ZOO ADVENTURES REGISTRATION FORM

Please complete this form and return it with the registration fee (**Registration and payment due minimum 2 weeks before start date of camp**). A confirmation and parking pass will be mailed to you prior to your camp date. Daily fees include snacks. Contact us with questions or send registration and fee to:

Fresno Chaffee Zoo, ZOO ADVENTURES, 894 W. BELMONT, FRESNO, CA 93728

Email adventurecamp@fresnochaffeezoo.org, fax to 559-498-4859 or call 559-498-5920

Child's Name _____ DOB _____ Grade _____ Age _____

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Child's Name _____ DOB _____ Grade _____ Age _____

Address _____

Home phone _____ Day phones _____

Email: _____

Parent's/Guardian's Name(s) _____

Adventure Title	Date (1st choice)	Date (2nd choice)	Fee Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

My selected camp session requires additional fees of: _____
(Field trip fees or photo week/materials fees)

I need Extended Camp hours - 7:45 - 9:00 am & 4:00 - 5:30 pm _____
(\$ 70 member/\$80 non-member per week per child or \$14 /\$16 per day per child. Full-day campers only.)

One-time \$10 discount per child if two or more siblings attend a week or more of camp. _____

T-Shirt*: Child S M L (Cubby & Adventure Camp) Adult S M L XL (Young Naturalist)

*For summer camp only - please circle size

Help Another Child Get To Camp

Help another child attend Zoo Camp by donating to our Scholarship program.
You will be giving a worthy child, otherwise unable to attend, an experience to remember!

I would like to donate to the Fresno Chaffee Zoo Camp Scholarship Program.

Amount \$10 \$25 \$50 \$100 or \$ Other _____

TOTAL CAMP FEES ENCLOSED: \$ _____

Method of Payment (Please do not send cash)

Check - Make checks payable to Fresno Chaffee Zoo.

MasterCard

Visa

Account # _____ Expires _____

Zoo membership # _____ Signature _____

Please renew my Fresno Chaffee Zoo Membership or I want to become a new Fresno Chaffee Zoo Member
Please check FAMILY or GRANDPARENT (\$55.00 Payment for Membership requires a separate check if using checks.)

Adult names* to be listed on card: 1. _____ 2. _____

*Adults must live in same household

Number of dependent children (2-18) in household: _____

Signed _____ Date _____

Camp Adventures Emergency Form

Camper allergies or physical challenges: _____

Food restrictions or medications: _____

Physician's Name _____ Phone _____

Address _____

I give my permission for my child to be treated for any medical or dental emergency.

Signed: _____ Date _____

Relationship to Child: _____

If parents cannot be reached please contact:

1. _____ Phone _____

2. _____ Phone _____

LIABILITY/MODEL RELEASE FOR ZOO ADVENTURES

In consideration of being permitted to participate in Fresno Chaffee Zoo's "Camp Adventures", I agree to assume all risks connected therewith. I agree to release and discharge in advance, the City of Fresno and the Fresno's Chaffee Zoo Corporation, their officers, employees, and agents from any and all liability for personal injury, death or property damage connected with my participation.

I also authorize the Fresno Chaffee Zoo to use my child's photograph for educational and public relations purposes related to the Zoo.

I do not authorize.

Signed: _____ Date _____

How did you hear about Fresno Chaffee Zoo Camp Adventures?

ZooNews Member Parent Magazine Friend CUSD News TV/Radio Fresno Chaffee Zoo Website

Other _____