



# Registration Form

This form and the Emergency Medical Release Form **MUST BE COMPLETED** in their entirety in order for your child to be registered for Summer Day Camp.

## Child's Information

Child's Name: \_\_\_\_\_  
(Last Name) (First Name)

Birth Date: \_\_\_\_\_ Age as of June 20, 2011: \_\_\_\_\_  
(Month/Day/Year)

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Work) (Cell)

Email Address: \_\_\_\_\_

## Registration Options

*Camp session numbers, dates, and times can be found in the Summer Day Camp Parents' Guide.*

**1<sup>st</sup> Choice Session Number:** \_\_\_\_\_

Please select from the following options:

- Full-Day Camp or  Half-Day Camp  
 Before Camp Care  
 After Camp Care

**2<sup>nd</sup> Choice Session Number:** \_\_\_\_\_

Please select from the following options:

- Full-Day Camp or  Half-Day Camp  
 Before Camp Care  
 After Camp Care

Complimentary child's camp t-shirt (please circle size)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge

I would like to order \_\_\_\_\_ additional t-shirts in this size at \$12 each.

How did you hear about this program? \_\_\_\_\_

## Payment Information

Check here if Payment Information below is for multiple children (registration forms attached).

**Full-Day Camp** (\$165 members, \$190 non-members) \_\_\_\_\_ participants @ \$\_\_\_\_\_ each = \_\_\_\_\_

**Half-Day Camp** (\$115 members, \$135 non-members) \_\_\_\_\_ participants @ \$\_\_\_\_\_ each = \_\_\_\_\_

**Before Camp Care** \_\_\_\_\_ participants @ \$25 each = \_\_\_\_\_

**After Camp Care** \_\_\_\_\_ participants @ \$25 each = \_\_\_\_\_

**Additional T-Shirts** quantity: \_\_\_\_\_ t-shirts @ \$12 each = \_\_\_\_\_

**TOTAL ENCLOSED = \_\_\_\_\_**

Cleveland Zoological Society membership number \_\_\_\_\_ Exp. Date \_\_\_\_\_

I have enclosed a check payable to **Cleveland Metroparks Zoo**

Charge my credit card (Visa, MasterCard, Discover)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
*(Last 3 or 4 digits in signature area)*

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

## Waiver/Release of Claims

**PHOTO RELEASE:** I give Cleveland Metroparks permission to publish in print, electronic, or video format the likeness or image of my child/children. I release all claims against Cleveland Metroparks with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

**I AGREE**

**I DISAGREE**

**RELEASE OF CLAIMS:** As part of the consideration tendered for my child/children being permitted to participate in Summer Day Camp at Cleveland Metroparks Zoo activities, I agree to and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which my child/children may sustain arising out of, or in any way associated with, my child's/children's participation in Summer Day Camp activities.

**X** Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

