REGISTRATION FORM: SUMMER 2015 Z OOKEEPERCamp

Contact Information:

Child's Name: _____
Circle: Boy / Girl
Age: _____
Grade Entering: _____
Circle T-Shirt Size: Child or Adult S M L XL
Address: _____
City/State/Zip: _____

Parent Name: _____
Parent Phone: _____
Parent Email: _____
Emergency Contact: _____
Emergency Contact: _____

Please mark your camp session below:

- ☐ July 13-17 • 8:00 am –12:00 pm
- ☐ July 20-24 • 8:00 am –12:00 pm
- ☐ August 3-7 8:00am - 12:00pm
- ☐ August 10-14 • 8:00 am –12:00 pm

Fee: $200 Early Registration by June 5 or $225 regular registraiton

Payment Method:

- ☐ **Cash Enclosed**
- ☐ **Credit Card**
  Amount: $_____ CC #: _____ Exp.Date:_____
  CVV_____ Authorized Signature_____
- ☐ **Personal Check Enclosed**
  Amount: $_____ Check Number: _____
- ☐ **Paid online with PayPal**

Permission:

I certify that _____has my permission to participate in Zookeeper Camp activities at Crocodile Encounter. I hereby release and hold harmless Crocodile Encounter and the Zookeeper Camp for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this program at Crocodile Encounter. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. In case of emergency, the physician to be contacted is shown below. I hereby grant Crocodile Encounter permission to publish photographs and video in which my child is included in whole or in part, for use in advertising or any other lawful purpose whatsoever for Crocodile Encounter. In case of emergency, the physician to be contacted is:

Name of Physician: _____
Physician's Phone: _____
Any known allergies or health problems? _____
Parent/Guardian Signature: _____
Date: _____

Space is limited. Reserve your child's spot by mailing this form to:

Crocodile Encounter
23231 CR 48
Angleton, TX 77515