

Animal Ed.ventures Camp Registration Form

Please complete a registration form, safety agreement, media waiver, and medical info sheet for each child attending and return to either the email address or physical address shown below. A \$50 non-refundable deposit is required for each camper to reserve a place. Pay via PayPal to sanctuary@animal-edventures.org or mail a check to **Animal Ed.ventures, 1489 Live Oak Rd, Coats, NC 27521**. Please list the name of your camper(s) and "Camp Deposit" in the comments section of PayPal or on the memo line of the check to ensure your account is credited appropriately. All registration forms and total fees must be received before the camp start date. Thanks for joining us for a summer of fun and learning! 😊

CAMPER'S FULL NAME: _____

CAMPER'S AGE AT CAMP: _____ **T-SHIRT SIZE:** S M L XL

(1) PARENT/GUARDIAN NAME: _____ **PHONE:** _____

(2) PARENT/GUARDIAN NAME: _____ **PHONE:** _____

PRIMARY EMAIL ADDRESS: _____

SECONDARY EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY/ST: _____ **ZIP:** _____

Please select a camp and session.

Jr. Explorers (Ages 6-8)

June 11 - 15

Jr. Zookeepers (Ages 9-11)

June 25 - 29

July 9 - 13

July 16 - 20

Zoo Teens (Ages 12-14)

July 30 – Aug 3

Aug 6 - 10

Specify if camper is attending a full week or only certain days.

Full Week:

Specific Days: Monday

Tuesday

Wednesday

Thursday

Friday

(check all that apply)

Please list any additional information that would enhance your child's experience at camp. (likes, phobias, etc.)

Animal Ed.ventures Safety Agreement

CAMPER'S FULL NAME: _____

I am the legal parent/guardian for the minor named above. I authorize the named minor to participate in all camp activities and I assume all risks associated with their participation. I authorize Animal Ed.ventures Sanctuary, Inc. to take any action necessary that is in the minor's best interest. This authorization extends to local doctors, hospitals, and other medical personnel for the administration of proper medical assistance should the need arise.

Instructors work hard to provide and supervise a safe, educational, and fun environment for all campers. I understand that if the minor prevents staff from performing their duties, becomes harmful to themselves or others – including the animals residing at Animal Ed.ventures – the minor may be released from camp for one or more days without refund. The decision to remove a child from a camp program, whether it is for the day or the entire camp, will be left at the discretion of the camp director. If this occurs, I understand that I or another emergency contact will be responsible for picking up the minor from camp at any time during the camp day.

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

RELATION: _____ **DATE:** _____

Animal Ed.ventures Media Waiver

Occasionally, the staff of Animal Ed.ventures will take photographs and videos of campers interacting with our animal residents, staff members, visitors, and each other during their stay. The media we generate may appear on the internet, specifically our website and various social media networks. It may also be used in marketing materials, such as brochures and flyers. These publications encourage more people to support our sanctuary, which allows us to continue operating. Please specify your preference for your camper's involvement in our media production.

- I authorize Animal Ed.ventures to use pictures and/or video taken of the camper named above, of whom I am the legal guardian, in any printed manner, in any media, whether published in whole or in part. I release Animal Ed.ventures from any claims and demands arising in connection from this use and understand that neither I nor the camper will receive compensation for such use.
- I **do not** authorize Animal Ed.ventures to use pictures and/or video of the camper named above in any printed manner, in any media, whether published in whole or in part. I understand Animal Ed.ventures is not responsible for pictures and/or video taken for personal use by other campers, staff, volunteers, and visitors.

Animal Ed.ventures Medical Authorization

CAMPER'S FULL NAME: _____
CAMPER'S BIRTH DATE: _____ **GENDER:** _____
(1) PARENT/GUARDIAN NAME: _____ **PHONE:** _____
(2) PARENT/GUARDIAN NAME: _____ **PHONE:** _____
STREET ADDRESS: _____
CITY/ST: _____ **ZIP:** _____

Please list an emergency contact if the contact(s) listed above cannot be reached.

EMERGENCY CONTACT: _____ **PHONE:** _____
RELATION: _____ **DATE:** _____

HEALTH HISTORY (check all that apply, giving approximate dates where indicated)

CONDITIONS:	ALLERGIES:	DISEASES:	DATE:
Frequent ear infections <input type="checkbox"/>	Asthma <input type="checkbox"/>	Mononucleosis	_____
Heart defect/disease <input type="checkbox"/>	Hay fever <input type="checkbox"/>	Chicken pox	_____
Convulsions <input type="checkbox"/>	Poison ivy <input type="checkbox"/>	Measles	_____
Diabetes <input type="checkbox"/>	Insect sting/bite <input type="checkbox"/>	Rubella	_____
Bleeding/Clotting Disorder <input type="checkbox"/>	Penicillin <input type="checkbox"/>	Mumps	_____

DIETARY RESTRICTIONS/ALLERGIES: _____

OTHER ISSUES NOT LISTED ABOVE: _____

DAILY MEDICATIONS & INSTRUCTIONS: _____

OPERATIONS/MAJOR INJURIES: _____

DATE OF LAST PHYSICAL EXAM: _____ **DATE OF LAST VACCINATION:** _____

NAME OF PRIMARY CARE PHYSICIAN: _____ **PHONE:** _____

NAME OF DENTIST/ORTHODONTIST: _____ **PHONE:** _____

INSURANCE CARRIER: _____ **POLICY #:** _____

Please provide details on any health issues; attach an additional sheet, if necessary, or include in an email.

I certify that the health history listed above is correct to the best of my knowledge and the person described herein has permission to engage in all camp activities unless otherwise noted. I authorize any medical personnel selected by the camp director to order x-rays, routine tests, and treatment for the camper in the event I cannot be reached in an emergency. Furthermore, I authorize the physician to hospitalize, secure proper treatment for, and order injections or anesthesia and/or surgery for the camper. This form may be used out of camp.

PARENT/GUARDIAN NAME: _____ **DATE:** _____