

**“A Walk on the Wild Side” Zoo Camp Information Sheet  
(Please return to Camp Counselor)**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Allergies (drugs, food, insect, etc): \_\_\_\_\_

\_\_\_\_\_

Medication / Behavior / Illness / Condition that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Please be advised that NO medication will be administered by Zoo staff or personal

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pick-Up Authorization**

The following individuals are the ONLY persons that you give permission to pick-up your child. Please note that ALL individuals picking up your child MUST be listed below, provide the counselor or Education Curator with a valid picture ID, and sign the camper out on the provided form.

**THERE WILL BE NO EXCEPTIONS TO THIS!!!**

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardians, please have the following Release of Liability completely filled out before leaving premises on Monday morning. Campers will not be allowed to stay if this form is not completed.

**RELEASE OF LIABILITY**

I give my permission for this child to participate in the Summer Camp activities of the Louisiana Purchase Gardens & Zoo. By doing so, I release the City of Monroe, the Louisiana Purchase Gardens & Zoo, all persons related directly or indirectly with the program from all manner of claims, demands, obligations, liabilities, suits, or causes of action resulting from any injury which might occur as result of these activities. I also understand that this child may be photographed, filmed or videotaped for publications or public programs unless a written request otherwise is submitted with this release. In the event of an emergency, I authorize Louisiana Purchase Gardens and Zoo and its staff to obtain medical care for my child.

The above is acknowledged and understood on \_\_\_\_\_, 2011.

Name of Child: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_