

Cohanzick Zoo Summer Camp
Registration Form
(This form must be completed IN FULL.)



First child's name: _____ session # _____ sex _____

Shirt size requested: Child: sm, med., lg, or Adult: sm, med, lg, x-lg

Age: _____ as of April 1, 2019 (must be 5) birthdate: _____

Amount: _____

Second child's name: _____ session # _____ sex _____

Shirt size requested: Child: sm, med., lg, or Adult sm, med, lg, x-lg

Age: _____ as of April 1, 2019 (must be 5) birthdate _____

Amount: _____

Parent' (s) Name _____

Address: _____

City/ State/ Zip: _____

Telephone: _____ **Email:** _____

If your child has any allergies, physical, or social limitations or is currently receiving medication, please specify: _____

Please make camp registration fee of **\$100.00** per child payable to: City of Bridgeton Recreation
note: 2019 Summer Zoo Camp
181 East Commerce St., Bridgeton, NJ 08302

In case of an Emergency, when legal guardian cannot be reached, list names and numbers of two people to be called:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Legal Guardian Waiver (Zoo Camp)

This is to certify that _____ has received my permission to participate in Zoo Camp sponsored by the City of Bridgeton Recreation Dept. I hereby relieve the City of Bridgeton, the Cohanzick Zoological Society, City staff and instructors from any responsibility for any bodily injuries, etc., incurred by my child/children as a result of her/his/their participation in this activity. I also give permission for zoo camp photos, videos and camp projects to be used for publicity purposes only.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____