

# 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, 2017 (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, 2017 (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:* \_\_\_\_\_

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Please make camp registration fee of **\$100.00** per child payable to: City of Bridgeton Recreation  
note: 2017 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:** \_\_\_\_\_