

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, 2023 (must be 5)** **Birthdate:** _____

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, 2023 (must be 5)** **Birthdate:** _____

Parent/Guardian's Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ **Email:** _____

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

Please make check of **\$115.00** per child payable to: City of Bridgeton Recreation
181 E. Commerce St., Bridgeton, NJ 08302
NOTE: 2023 Summer Zoo Camp

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: _____