



Guardian: Please list the session code for this child. You will find it in your camp e-mail confirmation.: _____

Animal Adventures Summer Camp Participation Form

Your child will not be admitted without this form! It must be completed by the child's parent or legal guardian. Please complete this form and mail it at least 2 weeks prior to your child's camp session or ASAP to: Pittsburgh Zoo & PPG Aquarium, Attn: Education Participation Form, One Wild Place, Pittsburgh, PA 15206

Child's Name (as it should appear on name tag) _____ Circle One: M F

Birth Date: _____ Age at Time of Camp: _____ Grade Completed: _____

Parents/Guardians #1 _____ Daytime Phone _____ #2 _____ Daytime Phone _____

Other Phone Numbers (pagers, cellular, etc.): _____

Name of friend or relative to contact in case parent cannot be reached:

Name _____ Relation _____ Phone _____

***** Please check below if your child has or has suffered from any of the following:

- ___ Rheumatic Fever ___ Diabetes ___ Convulsions ___ Insect Sting Allergies ___ Heart Disease ___ Hay Fever ___ Tuberculosis ___ Asthma ___ Eye Trouble ___ Food Allergies ___ Ear Trouble ___ Other Allergies ___ Exposed to Communicable Disease (Date: _____) ___ Any Other Serious Illness, Operation or Accident ___ Learning Disabilities/Special Needs ___ Aide Attending (Clearance Acts 33/34 Attached) - Aide's Name _____

Please explain any items checked:

Is your child under any medical care, taking any medications or have any health restrictions or concerns not listed above? _____

Authorization: The Zoological Society of Pittsburgh's Animal Adventures Summer Camp is a public service and we are unable to accept liability in case of an accident. It is necessary to have your consent for your child to participate and agreement that the sponsoring organizations and personnel will not be held liable in case of an accident. The Pittsburgh Zoo & PPG Aquarium reserves the rights to use any and all photographs and videotapes for television, or public relations and marketing of the Pittsburgh Zoo & PPG Aquarium.

This health information is correct as far as I know and the person herein described has my permission to participate in all class activities except as noted by me and/or my physician. Permission is given to provide medical care for this child in the event of an emergency. I hereby release the Zoological Society of Pittsburgh, The Pittsburgh Zoo & PPG Aquarium, its employees, staff, instructors and other representatives, from any responsibility or liability whatsoever for any injury to persons or property and the consequences thereof, whether known or unknown and foreseen or unforeseen, incurred as a result of participation in this activity.

I have read and understand the information in the enclosed confirmation letter and agree to comply with the rules and conditions stated in it.

Parent/Guardian Signature _____ Date _____

Please list any person, with their phone number, on the back of this form that has permission to pick up your child.

For Full-Day Campers Only: You will need to pack your lunch Monday-Thursday. On Friday of your camp week, the Zoo will be providing a pizza lunch.