



# Spring Break Camp 2023 Registration



General Information		
Camper's Name		Date Registered:
Age:	Grade (2022/2023 year)	Birthdate: / /
Parent/Legal Guardian's Name(s)		
Primary Phone ( ) -	Alternate Phone: ( ) -	Email:
Mailing Address		

Medical Information
Allergies or Medical Concerns:  <i>(For severe allergies that require an Epi-Pen please include ALLERGY ACTION PLAN from doctor.)</i>
Any Special Needs:
Emergency Contact: <i>(not listed above)</i>
Phone Number ( ) -

Which Camp Will Your Child Attend?		
<i>Check or circle any that apply. Camper must be entering the grade listed for the 2022/2023 school year.</i>		
<input type="checkbox"/>	1st-3rd Grade	March 13th & 14th
<input type="checkbox"/>	4th-6th Grade	March 15th & 16th

Payment Information
# of Camps Attending ____ X \$50 (\$40 member)
Total Payment Amount: \$ _____
Name on Card: _____
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Check <input type="checkbox"/> Cash
Card # _____
Exp. Date _____      CVV# _____

**\*\*All camps run 8:00AM-12:00PM\*\***

Mail or Bring To: 312 E Finnup Drive  
Garden City, KS 67846  
or Fax: (620) 276-1259

Authorized Pick Up List
Campers will only be released to parents/guardians and those listed below.
Name: _____
Name: _____
Name: _____
Name: _____

Call (620)276-1250 or email [zoo.education@gardencityks.us](mailto:zoo.education@gardencityks.us) with questions.



**AUTHORIZATION AND RELEASE**

Your child will be participating in the Lee Richardson Zoo Edventure. Before your child participates in our many exciting activities, you must first read and sign this Authorization and Release form.

**Child's Name:** \_\_\_\_\_

The undersigned parent or legal guardian of the above-named child (Child), hereby agrees to assume all risks and responsibility for property damage or personal injuries sustained by the Child while participating in the Lee Richardson Zoo Edventure (LRZE) offered by the City of Garden City, Kansas (City). I further agree to release the City and all of its agents, employees, and official from any and all liability for claims which might arise as a result of personal injury or property damage occasioned by the Child while the Child is participating in the LRZE. I acknowledge that by signing this Authorization and Release, I do not waive any right or cause of action which might arise against third parties not specifically named herein. I further authorize the City to transport the Child by motor vehicle to LRZE activities. Additionally, I authorize the City to provide for emergency medical care and treatment should the Child be injured while at the LRZE.

This document also gives the Lee Richardson Zoo the right to photograph my child and use his/her image as they see fit in promoting the Zoo and future LRZ Edventures.

By my signature on this document, I acknowledge that I have read this Authorization and Release, and I fully understand its purpose and extent.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                                  Parent or Legal Guardian Signature                      Print guardian name here

Emergency Phone Number where you/guardian can be reached while above child is at camp: \_\_\_\_\_

Does your child have any food or other allergies of which we should be aware?

Please list here:

\_\_\_\_\_  
\_\_\_\_\_