



# Spring Break Camp 2025 Registration



## General Information

Camper's Name		Date Registered:
Age:	Grade (2024/2025 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?

Check or circle any that apply. Camper must be entering the grade listed for the 2024/2025 school year.

- |                          |                 |               |                   |
|--------------------------|-----------------|---------------|-------------------|
| <input type="checkbox"/> | Pollinator Pals | 1st-2nd Grade | March 17th & 18th |
| <input type="checkbox"/> | Pollinator Pals | 3rd-6th Grade | March 20th & 21st |

## Payment Information

# of Camps Attending ____ X \$50 (\$40 member)
Total Payment Amount: \$ _____
Name on Card: _____
<input type="checkbox"/> Check <input type="checkbox"/> Cash
To Pay with card please register at: <a href="https://gardencityks.myrec.com/info/activities/">https://gardencityks.myrec.com/info/activities/</a>

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

## Authorized Pick Up List

Campers will only be released to parents/guardians and those listed below .

Name: _____
Name: _____
Name: _____
Name: _____

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

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 Adventure. Before your child participates in our many exciting activities, you must 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 Adventure (LRZE) offered by the City of Garden City, Kansas (City). I further agree to release the City and all of its agents, employees, and officials from 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 the Authorization and Release, I do not waive and 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 Adventures. Initial: \_\_\_\_\_

Finally, this document acknowledges that no refunds will be provided for campers who are unable to attend LRZ Adventures for any reason (i.e. medical/weather/etc.). Initial: \_\_\_\_\_

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

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

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: \_\_\_\_\_  
\_\_\_\_\_