



# Spring Break Camp 2026 Registration



## General Information

Camper's Name		Date Registered:		
Age:	Grade (2025/2026 year)	Birthdate:	/	/
Parent/Legal Guardian's Name(s)				
Primary Phone ( ) -	Alternate Phone: ( ) -	Email:		
Mailing Address				

## Medical Information

Allergies or Medical Concerns:

*(For severe allergies that require an Epi-Pen please include  
ALLERGY ACTION PLAN from doctor.)*

Any Special Needs:

Emergency Contact:

*(not listed above)*

Phone Number ( ) -

## Which Camp Will Your Child Attend?

**Endangered Species**      1st-2nd Grade      March 16th & 17th

**Endangered Species**      3rd-6th Grade      March 19th & 20th

## Payment Information

# of Camps Attending \_\_\_\_ X \$50 (\$40 member)

Total Payment Amount: \$ \_\_\_\_\_

Check  Cash

To Pay with card please register at:

<https://gardencityks.myrec.com/info/activities/>

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

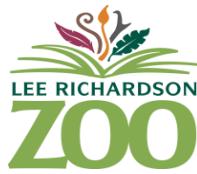
## Authorized Pick Up List

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

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 Camps. 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 Camp (LRZC) 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 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 LRZC. I acknowledge that by signing the Authorization and Release, I do not waive my 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 LRZC activities. Additionally, I authorize the City to provide for emergency medical care and treatment should the Child be injured while at the LRZC.

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 Camps. Initial: \_\_\_\_\_

Finally, this document acknowledges that no refunds will be provided for campers who are unable to attend LRZ Camps 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.

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Parent or Legal Guardian Signature

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Print guardian name here

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Date

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

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

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