



Zoo Edventures 2025 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 () -

Payment Information

of Camps Attending _____ X \$100 (\$90 member)
Total Payment Amount: \$ _____
<input type="checkbox"/> Check <input type="checkbox"/> Cash
To Pay with card please register at: https://gardencityks.myrec.com/info/activities/

What Size Shirt Would You Like?

Available in Youth or Adult XS-XL

Since we order camp t-shirts each year, Campers must be registered by MAY 23rd to receive one. Campers registered after this date will receive another piece of camp swag instead.

T-shirt Size:

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

Which Edventure Will Your Child Attend?

Check or circle any that apply. Camper must be entering the grade listed for the 2025/2026 school year.

- | | | |
|---|---------------|------------------|
| <input type="checkbox"/> Nature's Beauty | 1st/2nd Grade | June 2nd - 6th |
| We'll take some time to observe and enjoy all the wonderful things nature provides us. | | |
| <input type="checkbox"/> Marine Mania | 3rd/4th Grade | June 9th -13th |
| Dive into the wonders that our oceans hold. Discover what makes an ocean a unique home and the animals that can thrive there. | | |
| <input type="checkbox"/> Community Science | 5th-6th Grade | June 16th - 20th |
| We'll explore different Community Science projects and how we can help scientists answer some of nature's greatest mysteries! | | |
| <input type="checkbox"/> Nature's Superheroes | 1st/2nd Grade | July 7th -11th |
| Explore the superpowers that wildlife have to survive the challenges of nature | | |
| <input type="checkbox"/> Survival Strategies | 3rd/4th Grade | July 14th -18th |
| Join us as we explore the different strategies animals use to survive and thrive in nature. | | |
| <input type="checkbox"/> Jr. Zookeeper | 5th-6th Grade | July 21st - 25th |
| Experience a week in the life of a Zookeeper! Learn the various challenges and rewards that a career as a Zookeeper offers. | | |

****All camps run Monday through Friday 8:00AM-12:00PM****

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 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 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 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: _____
