



Summer Day Camp Registration

***This packet and immunization records must be received at least 7 days before camp ***

Camper Name: _____ Date of Birth: _____ Grade Entering: _____

Parent/Guardian Name: _____ Daytime Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Binder Park Zoo Membership # _____

How did you hear about Summer Day Camps at Binder Park Zoo? _____

Enrollment Policy:

- Registrations will be accepted by mail, email, fax, or online. No phone registrations please.
- Registration, payment, and immunization records must be received at least 7 days before camp starts. No exceptions.
- We reserve the right to refuse enrollment to anyone or dismiss without refund any student for behavioral issues. If your child requires special needs accommodations, you may be asked to secure an adult chaperone or aide to assist them for the week free of charge.
- Registrations are processed first come - first served. If a camp you registered for is full we will contact you about a refund or enrolling into another open session.
- A confirmation letter will be sent to you by email once your payment and registration has been processed. This letter will contain important information about your registered camp. Please add awesner@binderparkzoo.org to your list of approved emails.
- Summer Day Camps run rain or shine.

Camp Cancellation Policy:

- Received up to 5 Business Days Prior: *50% will be refunded or you may move to another camp week after paying a \$10 transfer fee*
- Received 0-4 Days Prior: *No refund; must re-register for another camp and pay full amount*
- Full refunds are only issued when Binder Park Zoo cancels a camp due to low enrollment in that age group, or there are extenuating circumstances.
- There is a \$10 transfer fee to move participants from one camp to another, except when Binder Park Zoo cancels a camp due to low enrollment in that age group.

Camp Lunch and Snacks:

- Lunch will not be supplied this year. Please send a cold lunch with your child Monday – Thursday.
- We will have a pizza party on Fridays!
- We will offer daily snacks such as; granola bars, cookies, s'mores, freeze pops and similar items.
- We will not have a refrigerator or microwave available to campers.

Pricing:

- \$200 per camper per week

Campers entering grades 1st – 7th

<input type="checkbox"/>	June 21 – 25	“Habitat Hunters”	9:00 am – 4:00 pm
<input type="checkbox"/>	June 28 – July 2	“Green Team”	9:00 am – 4:00 pm
<input type="checkbox"/>	July 5 – 9	“Dino Park Zoo”	9:00 am – 4:00 pm
<input type="checkbox"/>	July 12 – 16	“Animal Allies”	9:00 am – 4:00 pm
<input type="checkbox"/>	July 19 – 23	“Mystery Week”	9:00 am – 4:00 pm
<input type="checkbox"/>	July 26 – 30	“World Wild Web”	9:00 am – 4:00 pm
<input type="checkbox"/>	August 2 – 6	“Habitat Hunters”	9:00 am – 4:00 pm
<input type="checkbox"/>	August 9 – 13	“Mystery Week”	9:00 am – 4:00 pm

Camp T-shirts:

- \$12.00 each
- Sizes are available first come – first served; 100% cotton; Orange in color

- Youth Small (6/8)
- Youth Medium (10/12)
- Youth Large (14/16)
- Adult Small
- Adult Medium
- Adult Large

Total Amount Due: \$_____

Mail, Fax, Email or Drop off registration packet with payment and immunizations records to:

Binder Park Zoo
 Attn: Amy Wesner
 7400 Division Drive
 Battle Creek, MI 49014

awesner@binderparkzoo.org
 Direct Line: (269) 441-9032
 Fax: (269) 979 – 8834

Make checks payable to: Binder Park Zoo

Cash Check # _____ VISA MasterCard Discover Am Ex

Acct. Number _____

Exp. Date _____

Name on Card _____

CVV # _____

Youth Medical Treatment Release Form

This form must be completed and received at least 7 days before your child attends camp.

Thank you for registering your child for Summer Day Camp. To ensure your child's safety, Binder Park Zoo requires parents and guardians of campers to grant authority to secure emergency medical treatment. Please know that Binder Park Zoo views this permission with circumspection; our procedures will always include notification and consultation with parents and guardians.

Camper Name: _____

Emergency Contacts:

Mother's name: _____ Work Phone: () _____

Father's name: _____ Work Phone: () _____

Other Contact-Name: _____

Relation: _____ Phone: () _____

Doctor's name: _____ Phone: () _____

Insurance Information:

Company Name: _____

Name of policyholder: _____

Relationship to Patient: _____

Policy #:

Group #:

Allergies:

Foods: _____

Medicines: _____

Animals: _____

Other: _____

Pre-existing Conditions:

Medical diagnoses (including psychiatric, psychological and/or mental health): _____

Medications being sent to camp (Epi-pen, OTC, etc.): _____

Instructions for use: _____

Limitation of Camper Activities: _____

*Please provide a hard copy of Immunization records by the Monday prior to the first day of camp.
7400 Division Drive – Battle Creek, MI 49014 – Fax: 269-979-8834 – or email to awesner@binderparkzoo.org*

Vaccines required for participation in Summer Day Camps:

- Hepatitis B; Measles, Mumps, Rubella (MMR); Polio; Tetanus, Diphtheria, Pertussis (Td/Tdap)
- If you do not have proof of vaccination due to a medical or religious reason, please instead provide a letter from the State of Michigan verifying your decision.
- We reserve the right to decline registration based on a camper's vaccine history in order to provide a safe environment for all campers

By signing, I authorize the staff of Binder Park Zoo to secure emergency medical and surgical treatment, and to provide routine, non-surgical medical, psychological or psychiatric care, for my child while participating in youth camp. Except as set forth above under 'Allergies and Pre-Existing Conditions', I certify that my child is in good health and can participate in all normal activities of the group. I agree to be solely responsible for all expenses incurred for any medical services rendered. I consent to the HIPAA Disclosure Statement on the reverse side of this form for the participant who is also referred as Patient.

Signature of parent or guardian

Date

Authorization for Disclosure and Use of Protected Health Information

- I. I give this Authorization for Disclosure and Use of Protected Health Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 USC 1320d, and regulations promulgated under HIPAA. It is the Patient’s intent that this document is a valid authorization under 45 CFR Part 164, Subpart E (the “HIPAA Privacy Regulations”).
- II. The Patient authorizes any Covered Entity to disclose any and all of the Patient’s Protected Health Information to any Authorized Recipient at the request of such Authorized Recipient, for any purpose or use designated by any Authorized Recipient, including, without limitation, for any purpose. The Patient authorizes any Authorized Recipient to use and disclose any of the Patient’s Protected Health Information for any purpose.
- III. The Patient has the right to revoke this Authorization at any time. The Patient revokes this Authorization by executing a written revocation of this Authorization. If this Authorization is revoked, then any person acting in good faith reliance on this Authorization, without actual knowledge of the revocation, is held harmless.
- IV. The Patient acknowledges that information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient, and no longer be protected by the HIPAA Privacy Rule. The Patient acknowledges that, unless provided otherwise in a notice complying with the HIPAA Privacy Regulations under conditions described in the HIPAA Privacy Regulations, a Covered Entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether the Patient signs this Authorization. The Patient acknowledges that the Patient has received a copy of this Authorization.
- V. This Authorization expires on the earlier of (i) the date that the Patient designates as the expiration date in any written revocation of this Authorization; and (ii) the date which is twenty years after the date of the Patient’s death.
- VI. All persons may rely on reproduced executed copies of this document. Persons to whom a copy of this document has been provided, including, without limitation, medical care providers, advisors, legal counsel, and family members, may provide a copy of this document to such other persons as any of them, in their discretion, deem appropriate, and I hold such providers harmless and indemnify them from any liability for providing copies of this document.

Binder Park Zoological Society, Inc.
Participant Release of Liability and Assumption of Risk
*** THIS IS A CONTRACT — READ BEFORE SIGNING ***

In consideration of being permitted by BINDER PARK ZOOLOGICAL SOCIETY, INC. to participate in its activities and to use its equipment and facilities, now and in the future, I hereby agree to **release, indemnify and discharge** BINDER PARK ZOOLOGICAL SOCIETY, INC., its agents, owners, shareholders, directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in events and activities will involve known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential activities of the activity.
2. **The risks include, among other things:** The risk of cuts and bruises, falling, sprains, broken bones, or other serious injuries. Traveling to and from the activity raises the possibility of any manner of transportation mishaps. Risks can include tripping, falling, cuts from the use of equipment, and exposure to domesticated or wild animals, birds and reptiles which can cause serious injury or kill me and all of the activities may involve medical care, assistance and even funeral expenses.
3. I understand that BINDER PARK ZOOLOGICAL SOCIETY, INC. employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and/or the equipment being used might become loose, out of adjustment, malfunction, or otherwise fail. There is also a risk that BINDER PARK ZOOLOGICAL SOCIETY, INC. employees and volunteers may be negligent in, among other things, monitoring and supervising use of its activities and facilities and in the maintenance and repair of its equipment and facilities or in the supervision of exhibits, animals, participants, visitors and others.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity, known or unknown. My participation in this activity is purely voluntary, and I elect to participate in spite of the known and unknown risks.
5. I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of BINDER PARK ZOOLOGICAL SOCIETY'S equipment or facilities, including any such claims which allege negligent acts or omissions of RELEASED PARTIES.
6. Should BINDER PARK ZOOLOGICAL SOCIETY, INC. or anyone acting on their behalf, be required to incur attorney's fees and/or costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. This means that I will pay all of those attorney's fees and costs myself.
7. I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may have which may be exacerbated or caused or evidences itself during the activity or as a result of the activity.
8. I agree in the event that I file a lawsuit or administrative claim against BINDER PARK ZOOLOGICAL SOCIETY, INC., I agree to do so solely in the state of Michigan and I further agree that the substantive law of Michigan shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
9. I agree as an adult participant, or the Parent/Legal Guardian of a minor participant, in consideration of being permitted to participate at BINDER PARK ZOOLOGICAL SOCIETY, INC., hereby grant BINDER PARK ZOOLOGICAL SOCIETY, INC., and all RELEASED PARTIES, the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with BINDER PARK ZOOLOGICAL SOCIETY, INC. activities, to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind. All photographs and/or recordings are exclusive to BINDER PARK ZOOLOGICAL SOCIETY, INC..
10. **If the participant is a minor. I agree that this Release of Liability and Assumption of Risk agreement ("RELEASE") is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian of the minor participant to bind the minor participant to this agreement.**
11. **If the participant is a minor, I further agree to defend, indemnify and hold harmless BINDER PARK ZOOLOGICAL SOCIETY, INC. from any and all claims or suits for personal injury, property damage or otherwise** which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of RELEASED PARTIES, except injuries or damages caused by the sole negligence or willful misconduct of the party seeking indemnity.
12. In consideration of not being required to sign a fresh copy of this RELEASE before each visit to the premise, I further agree that **this RELEASE shall apply to all future visits by me and by the minor participant until he/she is 18 years old in full, including Paragraphs 10 and 11.** By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against BINDER PARK ZOOLOGICAL SOCIETY, INC. or any RELEASED PARTIES on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. **I have read and understood it, and I agree to be bound by its terms.**

Signature (Participant or Parent/Legal Guardian) _____ Today's Date _____

Print Name of Participant _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact _____ Phone _____ Relation _____

IF THE PARTICIPANT IS A MINOR:

Print Name of Parent or Legal Guardian of Minor _____

Address _____ City _____ State _____ Zip _____