

Little Ray's Summer Camp Registration Form

(please return one form per child)

Camper Name: _____ Boy/Girl Age: _____ Grade: _____

Health Card (OHIP) # _____ Week of Camp _____

For health problems or other pertinent information, please note that health and medical information may be shared between Little Ray's Staff and Camp Instructors.

Family Physician: _____ Phone: _____

Health Concerns: _____

Special Needs: _____

*please call Little Ray's if there are any special needs

Will your child be bringing medication to be administered during the day or in an emergency?

no yes (A medical form will have to be completed at the zoo on the first day of camp)

THERE IS A NO NUT POLICY FOR ALL CAMPS.

Emergency Contact: _____ Emergency Contact Phone: _____

Parent's Name: _____ Total Camp Cost: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Other/Cell _____

Payment Options cheque VISA Master Card Cash(mail or drop off)

Card # _____ Exp. Date _____

Name on Card: _____

Child will be picked up by (name): _____

Please make income tax receipt out to: _____

There is an element of risk inherent in participating in the interactive, hands on animal experiences. We at Little Ray's do take every precaution to ensure the safety of our campers and staff. It is important for registered children and their parents to understand that if used improperly, and/or without instructor supervision, certain equipment and materials can be dangerous.

Please note that there will be a one chance warning for children with physical misconduct. After one warning if the misconduct continues the child will be removed from the camp, with no refund for the balance of camp not attended. Little Ray's has the final say as to the severity of the physical misconduct.

I hereby authorize Little Ray's to take photographs of my child named in this application, during program activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with Little Ray's Programs.

In the event of accident or illness affecting my child, Little Ray's and any hospital/physician has my permission to authorize on my behalf all procedures, including transporting to hospital and necessary treatment therein, that may be deemed necessary for the care and well being of said child. Such action is to be taken only when I can not

be contacted. I acknowledge that Little Ray's and its representatives are not responsible for any injury, medical complications from any predisposed medical conditions, loss or damage of any kind sustained by any person while participating in the Little Ray's Summer Day Camp Program. I will hold harmless and indemnify Little Ray's and its representatives from any liability as well as any claims arising from the damage to the property of, or injury to, my child or any third party resulting from participation in the Little Ray's Summer Camp Program.

Please sign below to certify that your child is physically able to participate in all Little Ray's activities. Should your child require an aid or have any unique concerns for his/her daily activities please advise Little Ray's prior to registering.

Little Ray's assumes no responsibility for injuries or losses caused by situations or inappropriate behavior beyond our control. My child has permission to attend and participate in the Little Ray's camp. I understand that failure to abide by the policies and guidelines as outlined by my child's instructors may result in the cancellation of this agreement, with only a partial refund.

Further, I understand that damage to animals/.equipment and/or the facility due to reckless acts and/or deliberate indifference by my child may be my financial responsibility.

I understand that this is a legal agreement. I have read and understood all of the terms of this agreement, and by signing this agreement voluntarily, I am agreeing to abide by its terms.

Please fill this out and send to Little Ray's Reptile Zoo

****Ray's Reptiles Policies****

Any child participating in Ray's Reptiles programming and is in need of medications, must be able to administer the medication themselves (injections/inhalers/swallowing pills) Ray's Reptiles will aid/supervise in the dispensing/measuring of the necessary medications per the specific instructions outlined above.

You certify that your child is physically able to participate in all Ray's Reptiles activities. Ray's Reptiles assumes no responsibility for injuries or losses caused by situations or inappropriate behavior beyond our control.

In the event of an accident or illness affecting my child, Ray's Reptiles and any hospital/physician has my permission to authorize on my behalf all procedures, including transporting to hospital and necessary treatment therein, that may be deemed necessary for the care and well being of said child. Such action is to be undertaken only when I cannot be contacted.

I acknowledge that Little Ray's and it's representatives are not responsible for any injury, medical complications from any predisposed medical conditions, loss or damage of any kind sustained by any person while participating in the Little Ray's Summer Day Camp Program. I will hold harmless and indemnify Little Ray's and its representatives from any liability as well as any claims arising from the damage to the property of, or injury to, my child or any third party resulting from participation in the Little Ray's Summer Camp Program.

Please sign below to certify that your child is physically able to participate in all Ray's Reptiles activities.

I understand that this is a legal agreement. I have read and understood all of the terms of this agreement, and by signing this agreement voluntarily, I am agreeing to abide by its terms, and agree that the above instructions for care and/or medication have been clearly explained.

Signature of Legal Gaurdian_____Date:_____