

Forms - Repticamper's Registration

Parents Name and Contact Numbers:

Parent 1:

Parent 2:

Emergency:

Child's Name: _____

Age and Birth Date: _____

Allergies: _____ Epi Pen: _____

Medical Conditions: _____ Medication: _____

Child's Name: _____

Age and Birth Date: _____

Allergies: _____ Epi Pen: _____

Medical Conditions: _____ Medication: _____

Child's Name: _____

Age and Birth Date: _____

Allergies: _____ Epi Pen: _____

Medical Conditions: _____ Medication: _____

Family Doctor's Name: _____ Phone Number: _____

Please provide any further information that would assist us to ensure your children have the most memorable experience

Please send with your child...

- Peanut / Nut free litter-less lunch with 2 snacks
- Reusable water bottle
- Hat and sunscreen (the children do go outside, weather permitting, for short activities and games)

Your child is to wear...

- Closed running shoes
- Light clothing (it can get hot in the Zoo!)
- They will receive a Reptilia Zoo Camp shirt to be worn each day

I have viewed all required information pertaining to camp at www.reptilia.org

Parent's Signature: _____ Date: _____

