



## 2022 Pre-Teen

# Zoo Discovery Days

For Youth ages 10-12

## 2022 Summer Program Rates

Join us in a Zoo Discovery Pre-Teens

August 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup>

9:00 AM – 4:00 PM

Bagged Lunch Required Daily

## Registration Packet & Program Guide

Zoo Discovery Days, formerly Zoofari, is where campers can explore their wild side! Our day program is designed to provide campers with a variety of unique wildlife and conservation themed activities in a safe and nurturing atmosphere. Our goal is to foster a desire to preserve, conserve and learn about wildlife and the world around us while providing fun and interactive programs.

In this special three day session we will be opening to out Pre-Teens of ages 10-12.

Program activities may include, but are not limited to:

- Tours of Zoo habitats
- Keeper chats
- Up-close encounters with animal ambassadors\*
- Themed games and activities
- Outdoor exploration and FUN!

Programs are based upon weekly themes. Please be mindful that a theme will have related activities and may not include all activities listed above.

*\*Up-close encounters: Campers will have the opportunity for up-close encounters with small animal ambassadors. Touching of these animals may or may not be permitted.*



Zoo New York

One Thompson Park • Watertown NY • 13601

tel 315.782.6180 • fax 315.782.6192 • info@zoonewyork.org

# Daily Themes

## Day 1

A day in the Zoo. We will use this day to explore the world of the Zoo, our animals here and how we can help our local critters too.

## Day 2

Free theme! This day will be a mix of nature, wildlife, and free play! Meet some of our animal ambassadors and discover how they live with us at the Zoo and the role they play!

## Day 3

Pollinators that Buzz and Flutter. We will be involved in learning about birds, bats, and bees, butterflies and how they connect to our local table and world!

# Registration and Admission Policy

Pre-registration & medical authorization is required for all campers. Pre/After camp care must be reserved during the initial registration period. All registrations are processed on a first come, first served basis.

Registration and medical release forms can be found on our website at [www.zoonewyork.org/zoo-discovery-days/](http://www.zoonewyork.org/zoo-discovery-days/) and in this packet.

**Please submit your registration packet by mail, e-mail, or in person at the Zoo's admissions desk:**

Zoo New York

e-mail: [sylvan@zoonewyork.org](mailto:sylvan@zoonewyork.org)

Attn: Zoo Camp

1 Thompson Park

Watertown, NY 13601

**Refunds** will not be issued for no-shows or cancellations made less than one week from the first day of the session for which you are registered. All cancellations need to be submitted in writing. If you need to change camp sessions or make cancellations prior to two weeks before your session, please call 315-755-0896.

# Lunch Guidelines

**Campers must bring their own lunch and beverage. Bringing snacks is also encouraged, and there will be a time for snacks.**

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**\* Please note in your registration form if your child has any food allergies. \***

# Discipline Policy

To provide for a safe and enjoyable experience, campers exhibiting disruptive or potentially harmful behaviors may be asked to leave the camp. These behaviors include but are not limited to: repeatedly not following directions, bullying, hitting, kicking, biting, inappropriate language or other harassment. In the case of a minor behavioral issue, we will work with the child to help them understand the importance of appropriate behavior. If repeat issues occur, then parents/guardians will be contacted.

While the discipline policy & Zoo rules will be reviewed with all campers on the first morning weekly, please discuss the policy with your camper beforehand. We believe that your support and understanding of these expectations is integral to your camper's positive experience. We appreciate your help in making this year's Zoo Discovery Day's experience a success for your child and fellow campers.

## Thing to Keep in Mind

**Do** remember to send your child with sunscreen and insect repellent if necessary. The Zoo cannot provide these items. Medical forms are required if you would like staff to help apply these items or administer any medication.

**Do** send your child in comfortable shoes and clothing appropriate for the day's weather. Activities will take place rain or shine and campers will do a lot of walking. Please also include swim wear or clothing to get wet as we do visit the splash pad at times and play with water to keep cool.

**Please do not** send your camper with cell phones, video games, music players, or other electronics. Backpacks and water bottles are acceptable; however, your child is responsible for carrying those items throughout the day. Water bottles are encouraged, especially during the warmer days.

Our Zoo has several animal ambassadors, majority of which are native species, and as such cannot be touched by the public. Animal encounters are scheduled weekly but are subject to change and not guaranteed.

*Submitting the registration form and additional documents is agreeing that you have read through the registration packet.*

# Zoo Discovery Days Registration Pre-Teen 2022

Youth's name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
Last Name First Name

Birth Date: \_\_\_\_\_ Age as of July. 1<sup>st</sup>: \_\_\_\_\_  
MM/DD/YY

Youth's Address: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Cell) (Work) (Home)

E-mail Address: \_\_\_\_\_

Information below is for multiple children (additional registration forms attached)

\*\*\* We will be calling for payment, as this will be a small group, and we want to make sure to have a full group before moving forward. \*\*\*

**ZDD Pre Teen Session** (\$105 Members, \$115 Non-Members) # \_\_\_\_\_ of sessions @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
TOTAL = \$ 0.00

I will mail a check payable to "Zoo New York"

I have paid in person or over the phone

Receipt Number: \_\_\_\_\_

**\*\*Any additional discounts for 3rd party groups will be applied after curator confirmation of availability. \*\***

**Zoo Staff Use Only:**

Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Emergency Contact Persons**

(Circle which number to call first in an emergency)

EMERGENCY/PICK-UP CONTACTS	Full Name/Address	Relationship to Child	Authorized to Pick Up Child	Primary/Secondary Phone
			<input type="checkbox"/> Yes / <input type="checkbox"/> No	( )- - <input type="checkbox"/> Ok to text
			<input type="checkbox"/> Yes / <input type="checkbox"/> No	( )- - <input type="checkbox"/> Ok to text
			<input type="checkbox"/> Yes / <input type="checkbox"/> No	( )- - <input type="checkbox"/> Ok to text

Other adults authorized to pick up child: \_\_\_\_\_

Individuals not permitted contact with child: \_\_\_\_\_

Any additions to your child's authorized pick-up list must be submitted in writing, in person to the Zoo Camp Counselors. This is a safety measure the Zoo is taking to protect all youth. All pick up personnel must be prepared to show photo ID until they are known by the Zoo staff. We will also be having adults physically sign for their child daily. Thank you for your cooperation.

**Medical Form Required with Registration**  
**2022 Medical Authorization Form**

Identify any medications your child is currently taking (purpose & dosage): \_\_\_\_\_

If your child has a medical condition(s) we should be aware of/or requires special accommodations, please describe them: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Immunization Dates (MM/YY): Tetanus (DTAP) \_\_\_\_\_ Measles (MMR) \_\_\_\_\_

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Sunscreen Release:** I hereby authorize Zoo New York staff to aid in sunscreen application (lotion or spray) should my youth(s) need it.

Please check one:  **I AGREE**  **I DISAGREE**

**Photo/Video Release:** I hereby authorize Zoo New York (Thompson Park Conservancy) to use, reproduce, and/or publish photographs and/or video that may pertain to me and my child – including my image, likeness, and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits, or for other related endeavors. This material may also appear on Zoo New York's Internet Web Page and/or digital social media services.

Please check one:  **I AGREE,**  **I DISAGREE,**

And hereby certify that I am the legal guardian of the minor and can legally grant permission for the use of his or her image.

**RELEASE OF CLAIMS:** As part of the consideration tendered for myself and my child/ward, having not attained the age of 18, being permitted to participate in Zoo Discovery Days at Zoo New York & Thompson Park Conservancy:

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, contact with staff/volunteers, contact with animals, and drowning. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I authorize any such staff/volunteers to assist me or my child/ward to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that neither the Thompson Park Conservancy, nor any of its supporting sponsors, assume any responsibility or liability with respect to me or my child/ward's participation in this program/event. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify Thompson Park Conservancy, all sponsors, all representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of me or my child/ward's participation in this program/event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

**AUTHORIZATION, SIGNATURE, AND CONSENT TO TREAT:** In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Thompson Park Conservancy to obtain first aid and/or medical treatment at the nearest and most adequate facility of Thompson Park Conservancy's choice. This medical treatment authorization form is completed and signed of my own free will and authorizes medical treatment for myself or, in my absence, for the minor child/ward listed at my experience.

By indicating your acceptance, you understand, agree, warrant, and covenant for yourself and for your minor child/ward, as follows.

**X** Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Coronavirus / COVID-19 Warning & Disclaimer

The Zoo has developed policies and procedures for our educational programs and operations based on state and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend physical distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in camp programs or accessing Zoo facilities could increase the risk of contracting COVID-19. The Zoo in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing Zoo facilities.

### I agree to follow the following procedures established by the Zoo. Please initial below:

\_\_\_\_ I will alert the Zoo if camper or anyone in campers' household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of camp or during the camp session.

\_\_\_\_ I will alert the Zoo if anyone in campers' household is diagnosed with COVID-19.

\_\_\_\_ I understand that camp may need to close on short notice due to government order, child or staff illness, or another emergency.

\_\_\_\_ I can return to the camp within one hour of being notified by phone if the child must be picked up.

\_\_\_\_ I will take camper(s) temperature each morning prior to camp drop off and alert staff if the camper has a fever (temperature of 100.4° or higher).

\_\_\_\_ I understand if camper has taken any fever reducing medications such as acetaminophen or ibuprofen in the past 24 hours, they may not attend camp.

### Program Parental Consent:

I, \_\_\_\_\_, am aware that while participating in a program or activity arranged by the Zoo New York, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness, and forces of nature. I agree to indemnify and defend Zoo New York and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the Zoo's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of \_\_\_\_\_ (name of participant) in Zoo Discovery Days Pre-Teen 2022 except to the extent that such loss or damage is occasioned by the negligent act or omission of the Zoo, its officers, agents or employees and no negligence on the part of the Participant. Zoo New York has my consent to secure treatment at the closest hospital in the event of a medical emergency.

### Splash-Pad Parental Consent:

I, \_\_\_\_\_, give consent to allow \_\_\_\_\_ (name of participant) to participate in going to and playing at the Thompson Park Splash pad. I understand that the Zoo, its officers, agents, or employees are not responsible for the splash pad and any related risks or dangers in participating on the splash pad.

### Thompson Park Consent:

I, \_\_\_\_\_, give consent to allow \_\_\_\_\_ (name of participant) to participate in going to and playing at Thompson Park. I understand that the Zoo, its officers, agents, or employees are not responsible for the Park, Playground and any related risks or dangers associated with its property.

**X** Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_