



Point Defiance Zoo & Aquarium



Zoo Camp Participant Form

****Please bring this completed form to the first day of camp****

Child's First Name	Last Name	Date of Birth	Preferred Pronouns
Grade	School Attending	Ethnicity (optional)	
		(Requested by Graduate Tacoma)	
Child's Home Address	City	Zip Code	
Program(s) Title and Date(s): _____			

Parent/Legal Guardian and Emergency Contact Information ~ allowed to check-out Participant

Name (as it appears on photo ID)	Relationship to Participant	Phone #
Name (as it appears on photo ID)	Relationship to Participant	Phone #

Additional Parent/Guardian/Adult/Teens

(Ages 13-17 with signed note from parent/guardian) allowed to check-out Participant)

Name (as it appears on photo ID)	Relationship to Participant	Phone #
Name (as it appears on photo ID)	Relationship to Participant	Phone #

Health and Safety

Allergies/Dietary restrictions: _____

Medications your child is taking: _____

Other health concerns that would be helpful for camp staff to know about: _____

More Helpful Information

(Examples: It's their first time at camp. They may take a while to warm up in a group setting. Are there potential situations that may lead to challenging or negative behavior? If so, what is the suggested response by staff?)

I certify that I am the legal parent/guardian of _____ . In consideration of acceptance into the above **Child's Name**

referenced Park program, I do hereby, for myself, my spouse, my children, my heirs, executors and assigns, release the Metropolitan Park District of Tacoma and the officials, officers, agents, and employees and volunteers of the Park District from liability for any harm, injury, or damage which I, or my minor children may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen.

I agree to hold the Metropolitan Park District of Tacoma and its agents, officials, employees and volunteers harmless from any damage to persons or property, resulting from the negligence and/or intentional act of myself or my children.

I assume the responsibility of my child or ward's mental and physical fitness to participate in said activity, and agree to abide by all rules and requirements of the program and the Park District.

I agree to have my photo or photo of my child or children, taken during classes to be used only for publicity purposes by the Park District.

I am of lawful age and legally competent to sign this agreement for and on behalf of the participant. I understand the terms and have signed this document as my own free act.

I, the undersigned, hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington and if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have fully informed myself of the contents of this release by reading it before I sign it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

Program Cancellation Policies: No refunds given on cancellations less than 14 days prior to program start date. Cancellations made more than 14 days prior to first date of program will receive an 80% refund. A 10% administrative fee will be charged for each program session change (cancellations are not considered session changes- this fee does not apply to program cancellations). PDZA reserves the right to cancel any program. In the event that PDZA cancels a program, all program fees will be refunded.

Accommodation Request: Metro Parks Tacoma strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Metro Parks Tacoma has to offer provided they meet the minimum eligibility requirements. We can usually build customized support to suit your needs. To request an accommodation please allow 10 business days prior to the start of the camp. Please call (253) 404-3666 or email Cathleen.mcconnell@pdza.org to receive a request form.

Signature: _____ Date: _____

Please bring signed and completed form to your child's program.