



2021 Homeschool: Discovering Wildlife! Registration Form (Ages 4-7)



Participant's Name: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____ Phone: _____

Are you attending with your child? Yes * No **Parent fee of \$5/class covers cost of animal encounters*

Address: _____

City: _____ State: _____ Zip: _____

Are you a member of Wildlife Safari? Yes No E-mail: _____

How did you hear about this program? _____

Emergency Contact Person: _____ Phone: _____

Relation to Participant: _____

*Please indicate the program(s) for which you would like to register your child. If you have multiple children participating, please send one form per child. Payment must be made in full at the time of registration
This is an afternoon program from 1:00 pm-4:00 pm. Masks are required.*

Programs	Non-Member Fee	Member Fee	Parent Fee	Total Due
Animal Detectives Thurs, Sept 16th 1-4 pm	\$35	\$30	\$5	
Super Seeds Thurs, October 14th 1-4 pm	\$35	\$30	\$5	
Raptor Rendezvous Weds, Nov 17th 1-4 pm	\$35	\$30	\$5	
Creature Features Thurs, Dec 16th 1-4 pm	\$35	\$30	\$5	
Total Fee Due				

Enclosed Deposit Amount (if applicable): _____ Cash Check#: _____

Credit Card: _____ Exp.Date: _____ Security Code: _____

***Cancellation policy:** If cancelled there will be a 50% refund on tuition.*

Parent/Guardian Signature: _____ Today's Date: _____

Space is limited and available on a *first come, first served* basis.
Please complete **registration, medical waiver and authorization form including payment.**

You may drop off completed forms at Wildlife Safari's Guest Services or mail to:
Wildlife Safari Camp Registration, PO Box 1600, Winston, OR 97496 or education@wildlifesafari.net
For more information call 541-679-6761 ext 221 or visit www.wildlifesafari.net



Medical Waiver and Authorization Form

Child's Name: _____

Allergies? (food, animal, etc.) _____

Does your child have any special needs or considerations? No Yes

If yes, please explain (listing any medical conditions, activity restrictions, etc.) in the space below:

Up-to-date tetanus vaccination? Yes No

Primary Emergency Contact Person: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary Emergency Contact Person: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I accept and understand that Wildlife Safari is not liable for any injury that my child may incur while on the premises for the program. I understand that participation in programs at the zoo involves some contact with animals and as such carries with it the potential for risk of injury. Furthermore, in case of medical emergency, I authorize Wildlife Safari and its employees or volunteers to secure all necessary medical services for my child. Further, I agree to be solely responsible for the payment of those services.

Parent/guardian _____

Media Release Form

Wildlife Safari may take photos and videos for publicity or documentation purposes (including our Facebook page). These may be used in newsprint, television, The Wildlife Safari website, and park publications/presentations.

Parent/guardian _____

Pick Up/Drop off: Discover Homeschool runs from 1:00-4:00 pm with check-in beginning at 12:50 pm. Please drop off and pick up your child at the **Cheryl Ford Center (CFC)**.

. Upon pick up, the guardian/parent or other designated adult will sign the child out to ensure child's safety.

Initials _____

I understand that Wildlife Safari reserves the right to terminate this homeschool experience if it is determined that there are safety concerns.

Initials _____

I give permission for the following people to pick up my child from 2021 Discover Homeschool at Wildlife Safari.

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian _____ Date _____

Students must wear close toed shoes. No Flip Flops!



COVID-19 Waiver

Wildlife Safari has put in place preventative measures to reduce the spread of COVID-19. However, Wildlife Safari cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in WS encounters or events. By attending a WS event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19;
or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I understand that participation in programs at Wildlife Safari includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. I acknowledge and understand that Wildlife Safari is not liable for any injury or illness that may incur while on the premises.

Parent/guardian _____

Date: _____