



Fall 2022 Homeschool: Exploring Wildlife! Registration Form (Ages 8-11)



Participant's Name: _____ Age: _____

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.

Programs	Non-Member Fee	Member Fee	Parent Fee	Total Due
Exceptional Ectotherms September 22 nd 1-4 pm	\$50	\$45	\$5	
Bio Buddies October 13 th 1-4 pm	\$50	\$45	\$5	
Operation Conservation! November 17 th 1-4 pm	\$50	\$45	\$5	
Beneath the Surface December 22 nd 1-4 pm	\$50	\$45	\$5	
	Total Fee Due			

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

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

Billing Zip 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 learning 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: Homeschool runs from 1:00-4:00 pm with check-in beginning at 12:50 pm. Please drop off your child at the **Cheryl Ford Center**.

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 experience if it is determined that there are safety concerns.

Initials _____

I give permission for the following people to pick up my child from 2022 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: _____