



Lions Tigers & Bears - Summer Day Camp Application

Student Information

School: _____ District: _____

Student's Name:	First	MI	Last	Grade	Age	Date of Birth
Student Home Address						

Parent/Legal Guardian Information

Mother/Legal Guardian Name:			First	MI	Last
Phone (Cell)	Phone (Other)		Can We Text You?		
			<input type="radio"/> Yes / <input type="radio"/> No		
Email Address:					

Father/Legal Guardian Name:			First	MI	Last
Phone (Cell)	Phone (Other)		Can We Text You?		
			<input type="radio"/> Yes / <input type="radio"/> No		
Email Address:					

Emergency Contact/Release Authorization (Other Than Those Listed Above): I understand that my child must be signed out at the end of the day by an individual listed here or in the Parent/Legal Guardian section.

Contact Name:	Relationship	Phone (Main)	Phone (Secondary)



Any person to whom a student MAY NOT LEGALLY BE RELEASED? Court-issued order must be on file, if applicable

Name:	First	MI	Last	Relationship

Siblings Attending Camp Program

Name	Grade	Date of Attendance (If different)

To ensure the safety of all children, staff, and animals on Lions Tigers & Bears property, we strongly advise all parents to arrive promptly at **8:30 AM so that their student is properly signed in and accounted for. Furthermore, students will be dismissed with sign-out procedures beginning at **2:30 PM**.**

IN ORDER FOR CHILDREN TO BE RELEASED, A PARENT OR EMERGENCY CONTACT LISTED ON THE PREVIOUS PAGE MUST PROVIDE PROPER IDENTIFICATION (DRIVER'S LICENSE WILL SUFFICE) TO A SUPERVISING STAFF MEMBER AND SIGN ON THE PROVIDED DISMISSAL SHEET.

STUDENTS WILL NOT BE RELEASED TO ANYONE NOT LISTED OR NOT PROVIDING PROPER IDENTIFICATION



Day Camp - Medical Emergency and Media - Release Form

Student Name: _____ School: _____

Parent/Guardian/Foster Parent Acknowledgement

Please read the following carefully and acknowledge your agreement by signing below.

Authorization for Emergency Medical Treatment:

- In case of an accident or emergency, I authorize the staff of Lions Tigers & Bears to facilitate the transport of my child to the nearest emergency hospital for emergency treatment and measures deemed necessary for the safety and protection of my child, at my expense.
- I understand that Lions Tigers & Bears does not maintain health insurance for injuries to the participant that may arise from involvement in camp activities

Please list concerns or allergies we need to know about: _____

Photo/Video/Media Release

During the Summer Day Camp, a Lions Tigers & Bears representative or news media may be on property to gather photos and/or video footage highlighting the event and featuring its participants. We value your child's participation and ask for your permission to include your child. Please indicate by checking the box(es) below whether your child has permission to participate:

- ☐ Yes, I give my permission for my child to be interviewed and photographed/videotaped by the news media.
- ☐ Yes, I give my permission to my child to be photographed by Lions Tigers & Bears (LTB) representatives/partners. Photos may be used on LTB website/social media.
- ☐ Yes, I give my permission to have Lions Tigers & Bears (LTB) and/or its partners to feature my child's work/crafts done during the Summer Camp.
- ☐ Yes, I give my permission to have my child videotaped by Lions Tigers & Bears (LTB) and/or its partners. LTB Staff and public may view footage.
- ☐ **No, I do not want my child photographed or videotaped.**

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date



Activity Risk Acknowledgement Parent/Guardian Release Form

Activity Date:	Activity Start Time: 08:30 AM	Activity End Time: 02:30 PM
Location/Address of Summer Day Camp: Lions Tigers & Bears 24402 Martin Way Alpine, CA 91901		
Description of Summer Day Camp/Activities: Lions Tigers & Bears is an accredited wildlife sanctuary dedicated to providing a safe haven to abused and abandoned exotic animals and to inspiring an educational forum to end the exotic animal trade. Our Summer Day camp will grant students an opportunity to attend a guided visit of the property, allowing them to see the work that goes toward providing the animals with a safe, comfortable life. Additionally, students will be guided through various educational activities/crafts that further promote the importance of conservation and the impact of the negative impact of the exotic animal trade across the world. Camp activities will involve traveling throughout the property (primarily on foot) where there are rocks, crevices, and potentially animals (snakes, rodents, etc.) in the area.		
Activity Supervisor: Jay Limjoco		Contact Phone Number: (619) 659-8078
Other Camp Contact:		Contact Phone Number:
Student will need to bring the follow: <ul style="list-style-type: none">- Closed toed shoes- Clothing geared toward hot weather- Lunch- A refillable water bottle		
I, THE UNDERSIGNED, GIVE MY CHILD: _____ PERMISSION TO PARTICIPATE IN THE LIONS TIGERS & BEARS SUMMER DAY CAMP		

In signing below, I acknowledge that Lions Tigers & Bears (LTB) and its partners do not maintain health insurance for injuries to the participant that may arise from involvement in the above activity, and I agree to inform my child that he/she must follow and abide by LTB's rules and expectations.	
Parent/Legal Guardian/Foster Parent Printed Name:	Contact Number:
Parent/Legal Guardian/Foster Parent Signature:	Date:

For use by LTB staff only:	
Verified by (Print LTB Staff Name):	Date Verified:
LTB Staff Signature:	