Zoofari is a place where campers can explore their wild side! Our day camp 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 and learn about wildlife while providing fun and interactive programs.

Program activities may include, but are not limited to:

- Tours of zoo habitats
- Animal enrichment making
- Keeper chats
- Up-close encounters with animal ambassadors*
- STEAM projects
- Themed games and activities
- Nature walks and outdoor exploration

*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.
Camp Schedule and Topics

Session 1 (July 6-10): Animal Professionals
Do you have a passion for animals? Are you wondering how you can channel that passion into a career? We will be spending this week exploring different professions that have animals as a highlight.

Session 2 (July 13-17): Junior Biologist
The world is full of many amazing wonders. This week we will explore biological responses, chemistry, physics and more. There is sure to be a fun explosion or two with lots of excitement and lots of laughs.

Session 3 (July 20-24): Planet Earth
Earth rotates at a steady beat with the sun rising at predictable times every day. We will explore what makes our planet so unique including weather systems, ecosystems, and animal diversity. We will be learning about how each animal fits into their ecosystem and how they all play important roles in maintaining the balance in the Web of Life.

Session 4 (July 27-July 31): Pollinator Heroes
Did you know that almost 1/3 of the food on our table requires the handy work of pollinators? This week we will be learning about the different types of pollinators and why it is so important to protect these species.

Session 5 (August 3-7): What’s in the Water?
If you put your goggles on and dive under the surface, you will quickly learn that there is a whole unique world in the water. We will be learning about the organisms (both big and small) that live in these watery ecosystems and the adaptations that help them to thrive.

Session 6 (August 10-14): Flights of Fancy
Birds are particularly unique within the animal kingdom. This week our campers will learn about the many adaptations such as beaks, feathers, and feet, that help birds to fly, hunt, and more!

Session 7 (August 17-21) Myth Busters
Can elephants forget? Can turtles come outside of their shells? Can porcupines throw their quills? This session we will discuss the many myths surrounding wildlife and explore where these myths began while learning the truth about some truly amazing creatures!
Registration and Admission Policy

Pre-registration 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.nyszoo.org/zoofari/.

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

Thompson Park Conservancy
Attn: Zoofari
1 Thompson Park
Watertown, NY 13601

e-mail: renee@nyszoo.org

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. 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 may bring their own lunch and beverage or pre-purchase meals from the zoo. For your convenience, we are offering the option to purchase lunches at $25 per week. Lunches must be purchased in advance to allow for timely preparation. Campers who have not signed up for this option and are sent to camp without lunch will be provided with a meal and a charge of $5.00 + tax will be added to your account for each meal.

The Zoo will provide mid-morning snacks for all campers. Examples of snacks include: animal crackers, fruit gummies, juice, go-gurt, and string cheese.

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

To provide for a safe and enjoyable Zoofari 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 help them understand the importance of appropriate behavior. If repeat issues occur then parents/guardians will be contacted.

While the discipline policy will be reviewed with all campers on their first morning at camp, please discuss this 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 Summer Zoo Camp a success for you child and fellow campers.

Things 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 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 Do not send your camper with cell phones, video games, or music players. 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.
Summer  
Zoofari 2019  
Registration Form  

Child’s name: ________________________________ (Last Name)   ________________________________ (First Name)  

Birth Date: _____________________ Age as of July 1st: _______________ T-shirt Size: ___________ (Child/Adult)  
(Month/Date/Year)  

Parent/Guardian Name: ______________________________________________________________  
(Last Name) (First Name)  

Address: ________________________________________________________________  

Phone: (____) __________________ (____) ____________________ (____) ____________________  
(Home) (Work) (Cell)  

Email Address: ________________________________________________________________  

Please select the session/s you are interested in. Session descriptions can be found in the summer day camp Parents’ Guide.  
☐ Animal Professions: July 8-12   ☐ Junior Biologist: July 15-19   ☐ Planet Earth: July 22-26  
☐ Pollinator Heroes: July 29-Aug 2   ☐ What’s in the Water?: Aug. 5-9   ☐ Flights of Fancy: Aug 12-16  
☐ Myth Busters: Aug 19-23  

☐ Check here if payment Information below is for multiple children (registration forms attached)  
**For additional sibling registrations, a 10% discount will be offered**  

Full-Day Camp  
($175 members, $200 non-members per session)  
#____ of sessions @ $ _________ each = $____________  

Sibling Registrations  
($155 members, $180 non-members per session)  
#____ of sessions @ $ _________ each = $____________  

Half-Day Camp  
9AM-12:30PM  
($80 members, $100 non-members per session)  
#____ of sessions @ $ _________ each = $____________  

Before Camp Care (7:45 – 9:00am)  
($15 per day for members and non-members)  
#_____ after care @ $15/day = $____________  

After Camp Care (4:00 – 5:00pm)  
($15 per day for members and non-members)  
#_____ after care @ $15/day = $____________  

Optional Lunch  
($25 per week / snacks included in initial cost)  
#_____ lunches @ $25/week = $____________  

Total = $____________  

☐ I will mail a check payable to "Thompson Park Conservancy"  
☐ I have paid online or in person  

Receipt number ________________
Zoofari 2019
Medical Authorization Form

Child’s name: ____________________________________________________________________________

(Last Name) (First Name)

Parent/Guardian Name: ________________________________________________________________

(Last Name) (First Name)

Emergency Contact Persons
(Please circle which number to call first in an emergency)

1. Name: _________________________________________________________________________________________

(Last Name) (First Name)

Address: ________________________________________________________________________________________

City, State, Zip Code: __________________________________________________________________________

Phone: (____) _____________________ (____) ________________________ (____) ___________________________

(Home)  (Work)  (Cell)

Relationship to Child: ____________________________________________________________________________

2. Name: _________________________________________________________________________________________

(Last Name) (First Name)

Address: ________________________________________________________________________________________

City, State, Zip Code: __________________________________________________________________________

Phone: (____) _____________________ (____) ________________________ (____) ___________________________

(Home)  (Work)  (Cell)

Relationship to Child: ____________________________________________________________________________

Medical History

Identify any medications your child is currently taking (purpose and dosage): ________________________________

_________________________________________________________________________________________________

If your child has any medical condition which requires special accommodations please describe them: _______________

_________________________________________________________________________________________________

Medical Insurance Company: _________________________________________________________________
Special dietary needs: ____________________________________________________________

Photo/Video Release: I hereby authorize 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 Thompson Parks Internet Web Page and/or digital social media services.

Please check one:

☐ I AGREE,
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.

☐ I DISAGREE

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 Zoofari Day Camp at 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 expence.

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

☐ Signature of Parent/Guardian: _______________________________________ Date: _______________________