

SUMMER 2008 HOUSEHOLD REGISTRATION FORM

Page 1 of 2 - Use this form to register for all programs except Camp KangaZoo

STEP 1: Head Of Household / ZFA Member Information

<input type="checkbox"/> Current Zoo Friends Member Please list membership information	Number:	Expiration Date:	Level:
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Name of Head of Household / ZFA Member
(list name and address as it appears on the membership):

Street Address: Check here if new address

City: State: Zip+4:

Home Phone: () Work Phone: () Cell Phone: ()

If I need to be contacted during Early Bird Registration (February 18-29), please use these phone numbers:

Home (above) Work (above) Cell (above) Alternate: ()

E-mail Address:
Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here if you would also like to receive e-mail updates, news and information about other Zoo opportunities. We will not sell, trade, or exchange your e-mail address with any third parties.

STEP 2: Claims Release

Required for all program participants

Date _____
I, (signature) _____ (print name) _____, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.

STEP 3: Medical Consent and Emergency Contact Information

Required for Participants in Youth, Keeper-For-A-Day, and Trainer-For-A-Day Programs.

In case of emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.

Parent/Guardian Signature _____ Date _____

Family Physician _____ Address _____ Phone Number _____	Medical Insurance Carrier _____ Policy # _____
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Please name two people we may contact to act on your behalf if you (the parent or guardian) are not available in the event of illness or an emergency. *Please inform the people listed below that, in the event we are unable to contact you, they may be contacted and asked to pick up your child from the Zoo, or asked to speak on your behalf in case of an emergency.* NOTE: This is optional for adult programs.

Name:	Relationship:	Home Phone: ()	Work Phone: ()
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Name:	Relationship:	Home Phone: ()	Work Phone: ()
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STEP 4: Participant and Program Information on Page 2

STEP 5: Method Of Payment

<input type="checkbox"/> CHECK PAYMENT: <i>Make check(s) payable to Saint Louis Zoo Education Dept</i> SEPARATE CHECKS are required for each program. A \$15 fee will be charged for returned checks. Please include your phone number on each check. On the memo line of each check, please indicate the program requested. TELECHECK	<input type="checkbox"/> CREDIT CARD PAYMENT:	
	Participant #1	\$
	Participant #2	\$
	Participant #3	\$
	Total Credit Card Payment Due: \$	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Account Number _____		
Expiration Date (mm/yy) _____ / _____		
_____ Cardholder Name		
_____ Cardholder Signature		

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STEP 4: Participant and Program Information

Program Code Key

If the program code begins with:	C	Young Children	Both child and adult attend; fee is paid for child only
	Y	Youth, Keeper-For-A-Day, or Trainer-For-A-Day	Child attends on their own; fee is paid for child only
	F/N	Family & Wild Night	Both child and adult must register and pay the fee
	A	Adult	Fee is paid for each participant (grades 9 and up)

Participant #1

First Name: _____		Last Name: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2008) _____	
Relationship to the Head of Household / ZFA Member listed (i.e. grandson, daughter, spouse, self): _____			
Please describe any medical condition, special need, or restricted activity that the education staff should be aware: _____			
Program Title	Enter Program Code(s) in order of preference OR Enter Dates for Keeper-For-A-Day and/or Trainer-For-A-Day. (Enclose a separate piece of paper if necessary).	Code "C" programs: list name of adult attending with child	Fee
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
Total for Participant #1			\$

Participant #2

First Name: _____		Last Name: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2008) _____	
Relationship to the Head of Household / ZFA Member listed (i.e. grandson, daughter, spouse, self): _____			
Please describe any medical condition, special need, or restricted activity that the education staff should be aware: _____			
Program Title	Enter Program Code(s) in order of preference OR Enter Dates for Keeper-For-A-Day and/or Trainer-For-A-Day. (Enclose a separate piece of paper if necessary).	Code "C" programs: list name of adult attending with child	Fee
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
Total for Participant #2			\$

Participant #3

First Name: _____		Last Name: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2008) _____	
Relationship to the Head of Household / ZFA Member listed (i.e. grandson, daughter, spouse, self): _____			
Please describe any medical condition, special need, or restricted activity that the education staff should be aware: _____			
Program Title	Enter Program Code(s) in order of preference OR Enter Dates for Keeper-For-A-Day and/or Trainer-For-A-Day. (Enclose a separate piece of paper if necessary).	Code "C" programs – list name of adult attending with child	Fee
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
	1 st Choice		\$
	2 nd Choice		
	3 rd Choice		
Total for Participant #3			\$