

SUMMER 2009 HOUSEHOLD REGISTRATION FORM

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

STEP 1: Head Of Household / ZFA Member Information

| | | | |
|---|---------------|------------------------|--------------|
| <input type="checkbox"/> Current Zoo Friends Member Please list membership information | Number: _____ | Expiration Date: _____ | Level: _____ |
|---|---------------|------------------------|--------------|

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 16-20), please use these phone numbers:

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

E-mail Address: _____

NEW THIS YEAR: Your registration report will be sent to this e-mail address and may also be used to send you information about your Saint Louis Zoo education program.

Please check here if you prefer to receive your registration report by mail.

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: Terms and Conditions

Each participant 18 years and older must sign for themselves. A parent/legal guardian must sign for any participant under 18 years old.

Claims Release

Required for all program participants.

I, 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.

Parent/Legal Guardian Signature _____ Date _____

Medical Consent

Required for participants in Youth, Keeper-For-A-Day, Trainer-For-A-Day, and A Day with the Rays 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/Legal Guardian Signature _____ Date _____

Family Physician _____
Address _____
Phone Number _____

Medical Insurance Carrier _____
Policy # _____

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: () _____ |
|-------------|---------------------|-----------------------|-----------------------|

| | | | |
|-------------|---------------------|-----------------------|-----------------------|
| Name: _____ | Relationship: _____ | Home Phone: () _____ | Work Phone: () _____ |
|-------------|---------------------|-----------------------|-----------------------|

STEP 3: Participant and Program Information on Page 2

STEP 4: Method Of Payment

CHECK PAYMENT:

Make check(s) payable to
Saint Louis Zoo Education Dept

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.

CREDIT CARD PAYMENT:

| | |
|----------------|----|
| Participant #1 | \$ |
|----------------|----|

| | |
|----------------|----|
| Participant #2 | \$ |
|----------------|----|

| | |
|----------------|----|
| Participant #3 | \$ |
|----------------|----|

| | |
|---------------------------------------|-----------|
| Total Credit Card Payment Due: | \$ |
|---------------------------------------|-----------|

VISA MasterCard Discover American Express

Account Number _____

Expiration Date (mm/yy) _____ / _____

Cardholder Name (print) _____

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, Trainer-For-A-Day, or A Day with the Rays | Child attends on their own; fee is paid for child only |
| | | F or N | Family or Wild Night | Both child and adult must register and pay the fee |
| | | A or T | Adult or Teacher | Fee is paid for each participant (grades 9 and up) |

Participant #1

First Name: _____ Last Name: _____

Adult Child (under 18) List: Birth Date _____ and Grade Level (Fall 2009) _____

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: _____

Adult Child (under 18) List: Birth Date _____ and Grade Level (Fall 2009) _____

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: _____

Adult Child (under 18) List: Birth Date _____ and Grade Level (Fall 2009) _____

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 | | | \$ |