

# SUMMER 2010 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: _____
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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 (March 8-12), 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.

Participant #1: Adult Participant or Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant #2: Adult Participant or Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant #3: Adult Participant or 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: ( ) _____
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Name:	Relationship:	Home Phone: ( ) _____	Work Phone: ( ) _____
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## 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	\$
<b>Total Credit Card Payment Due:</b>	<b>\$</b>

VISA  MasterCard  Discover  American Express

Account Number \_\_\_\_\_

Expiration Date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Cardholder Name (print)

\_\_\_\_\_ Cardholder Signature

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### STEP 3: Participant and Program Information

<b>Program Code Key</b>	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: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2010) _____	
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 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
<b>Total for Participant #1</b>			<b>\$</b>

#### Participant #2

First Name: _____		Last Name: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2010) _____	
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 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
<b>Total for Participant #2</b>			<b>\$</b>

#### Participant #3

First Name: _____		Last Name: _____	
<input type="checkbox"/> Adult	<input type="checkbox"/> Child (under 18)	List: Birth Date _____ and Grade Level (Fall 2010) _____	
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 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
	1 <sup>st</sup> Choice		\$
	2 <sup>nd</sup> Choice		
	3 <sup>rd</sup> Choice		
<b>Total for Participant #3</b>			<b>\$</b>