



Insect Merit Badge Registration Form

REGISTRATION POLICIES: Registrations must be received at least two weeks prior to the program date. Registration forms can be mailed or dropped off (no facsimiles accepted). Students may register for programs only within their grade/age level. **PARKING:** Please plan to park or drop off participants at the South Entrance near the Zoo Pylon. **PAYMENT:** Complete payment is required at the time of registration. Credit cards and checks are accepted. We will return checks for any programs that are "sold out." **CANCELLATIONS:** A refund less a \$8 processing fee will be issued if your cancellation is received no later than two weeks prior to the first day of the program in which you are registered. We reserve the right to cancel a program due to low enrollment (full refund will be issued). **TRANSFERS:** Two weeks notice and a \$8 processing fee is required to transfer. **CONFIRMATIONS:** A Registration Report will be mailed after your registration is processed. For more information, please call (314) 646-4544.

REGISTER HERE ● PLEASE PRINT CLEARLY ● ONE SCOUT PER FORM ● PHOTOCOPY AS NECESSARY

Participant's Name _____ Grade _____ Birth Date _____
 Parent/Legal Guardian (for participants under 18) _____
 Street _____ City _____ State _____ Zip _____
 Phone-home (____) _____ Phone-work (____) _____ Phone-cell (____) _____
 E-mail _____ *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 occasional 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.*

CLAIMS RELEASE

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.

MEDICAL CONSENT: Please complete the following information for Participants.

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 _____

Emergency Contact (name/phone #) _____

Please describe any medical condition, special need, or restricted activity that the education staff should be aware:

Family Physician _____ Address _____ Phone Number _____

Medical Insurance Carrier _____ Policy # _____

CHECK TO REGISTER	Program Code	Program Title	Program Fee
<input type="checkbox"/>	S0421II	Intro to Insects	\$ 15
<input type="checkbox"/>	S0428CE	Insect Orders C-E	\$ 15
<input type="checkbox"/>	S0505HO	Insect Orders H-O	\$ 15

METHOD OF PAYMENT:

CHECK (Payable to: "Saint Louis Zoo Ed Dept") - **ONE CHECK PER PROGRAM**

CREDIT CARD - TOTAL AMOUNT DUE \$ _____

(COMPLETE the following information):

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCT NO _____ EXP. DATE (month/year) ____/____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

Mail Registration Form(s) and payment to:

SAINT LOUIS ZOO Registration
 ATTN: Finance Department
 One Government Drive
 Saint Louis, MO 63110