SUMMER 2013 HOUSEHOLD REGISTRATION FORM

Page 1 of 2 – Do NOT Use this form for Camp Joey, Camp KangaZoo, and Teen Camp

Program Code Key	If 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 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)

STEP 1: Head Of Household / Zoo Member Information

☐ General Public	☐ Current Zoo Member Please list membership information:	Member Number:	Expiration Date:	Member Level:

Name of Head of Household / Zoo Member
(list name and address as it appears on the membership):

Street Address: ☐ Check here if new address

City:	State:	Zip+4:

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

If I need to be contacted during the Early Bird Registration (March 4-8) please use these phone numbers:
☐ Home (above) ☐ Work (above) ☐ Cell (above) ☐ Alternate: ( )

E-mail Address:

Your Registration Report will be sent to the e-mail address listed.
If you prefer a mailing, please check here:
☐ **Send Paper Registration Report/Confirmation.**

Your e-mail 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: Emergency Contact Information

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:	Phone: ( )	Phone: ( )
Name:	Relationship:	Phone: ( )	Phone: ( )

STEP 3: Participants / Programs Requested / Terms and Conditions

Participant #1

Participant First and Last Name:

Relationship of Participant to the Head of Household / Zoo Member listed (i.e. grandson, daughter, spouse, self):

☐ Adult
☐ Child (under 18), please provide:
Birth Date _____ **Grade (Fall 2013)** ____

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

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.

If participant is 18 years or older, participant must Sign for themselves ➔ Signature:

If Participant is under 18 years, **Parent/Legal Guardian** must Sign ➔ Signature:

Medical Consent (*Required for participants in Youth, Keeper-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 must Sign ➔ Signature:

Programs Title(s)	Fee	Enter Program Code(s) in order of preference OR Enter Dates for Keeper-For-A-Day or A Day With the Rays. (Enclose a separate piece of paper if necessary).			Code "C" programs: list name of adult attending with child
1.	$	1st Choice	2nd	3rd	
2.	$	1st Choice	2nd	3rd	
3.	$	1st Choice	2nd	3rd	

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Participant #2

Participant First and Last Name:

Relationship of Participant to the Head of Household / Zoo Member listed (i.e. grandson, daughter, spouse, self):

☐ Adult
☐ Child (under 18), please provide:
Birth Date _____ **Grade (Fall 2013)** ____

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

Claims Release (*Required for all program participants)*

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If Participant is under 18 years, **Parent/Legal Guardian** must Sign ➔ Signature:

Medical Consent (*Required for participants in Youth, Keeper-For-A-Day, and A Day with the Rays Programs)*

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Parent/Legal Guardian must Sign ➔ Signature:

Programs Title(s)	Fee	Enter Program Code(s) in order of preference OR Enter Dates for Keeper-For-A-Day or A Day With the Rays. (Enclose a separate piece of paper if necessary).			Code "C" programs: list name of adult attending with child
1.	$	1st Choice	2nd	3rd	
2.	$	1st Choice	2nd	3rd	
3.	$	1st Choice	2nd	3rd	

Participant #3

Participant First and Last Name:

Relationship of Participant to the Head of Household / Zoo Member listed (i.e. grandson, daughter, spouse, self):

☐ Adult
☐ Child (under 18), please provide:
Birth Date _____ **Grade (Fall 2013)** ____

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

Claims Release (*Required for all program participants)*

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Parent/Legal Guardian must Sign ➔ Signature:

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2.	$	1st Choice	2nd	3rd	
3.	$	1st Choice	2nd	3rd	

STEP 4: Method Of Payment

☐ CHECK PAYMENT:

- Make check(s) payable to: Saint Louis Zoo Education Dept.
- SEPARATE CHECKS are required for each program.
- Please include your phone number on each check.
- On the memo line of each check, please indicate the program requested.
- A fee will be charged for returned checks.

☐ CREDIT CARD PAYMENT: Total Due: $ _____

CARDHOLDER SIGNATURE_____

CARDHOLDER NAME_____

BILLING ADDRESS (Street) _____

(City)_____ (State) _____ (Zip) _____

ACCT # _____ EXP DATE (mm/yy) ____ / ____