SUMMER 2014 INDIVIDUAL REGISTRATION FORM – One Participant Per Form

Do NOT Use this form for Camp Joey, Camp KangaZoo, and Teen Camp

STEP 1: GENERAL PUBLIC HEAD OF HOUSEHOLD OR 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 3-7) 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: PARTICIPANT INFORMATION / TERMS AND CONDITIONS / PROGRAMS REQUESTED

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 2014)** _____

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

Terms and Conditions (*Required for all participants)*

Claims Release
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.

Medical Consent
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

- If participant is 18 years or older, participant must Sign for themselves ➔
- If Participant is under 18 years, the **Parent/Legal Guardian** must Sign ➔

Signature

Emergency Contact Information

Please name a person 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: ( )

Code Key	If the code begins with:			
		C	Early Childhood Programs	Both child and adult attend; fee is paid for child only
		Y or Career	Youth, Keeper-For-A-Day, A Day with the Rays, Junior Sea Lion Trainer	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)

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

STEP 3: 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 _____

CARDHOLDER PHONE NUMBER_____

BILLING ADDRESS (Street) _____

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

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