

# SUMMER 2019 INDIVIDUAL REGISTRATION FORM – One Participant Per Form

Use this form for Adult, Early Childhood, Family, Overnight and Youth Programs

## STEP 1: GENERAL PUBLIC HEAD OF HOUSEHOLD / ZOO MEMBER INFORMATION

<input type="checkbox"/> General Public	<input type="checkbox"/> Current Zoo Member Please list member 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:				<input type="checkbox"/> Check here if new address
City:		State:		Zip+4:
Phone Numbers	Home (      )	Work (      )	Cell (      )	
<i>If I need to be contacted during Early Registration (March 5-8) please use these phone numbers:</i>				
<input type="checkbox"/> Home (above) <input type="checkbox"/> Work (above) <input type="checkbox"/> Cell (above) <input type="checkbox"/> Alternate: (      )				
E-mail Address:		Your e-mail may be used to send you information about your Saint Louis Zoo education program. Please check here <input type="checkbox"/> 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.		
Your Registration Report will be sent to the e-mail address listed. If you prefer a mailing, please check here: <input type="checkbox"/> <b>Send Paper Registration Report/Confirmation.</b>				

## STEP 2: PARTICIPANT INFORMATION

Participant First and Last Name:		<input type="checkbox"/> Adult	
Relationship of Participant to the Head of Household / Zoo Member listed above (i.e. grandson, daughter, spouse, self):		<input type="checkbox"/> Child (under 18), please provide: Birth Date _____ Grade (Fall 2019) _____	
Check all boxes that apply to the participant. <b>We may contact you for additional information.</b>		<input type="checkbox"/> I would like information about inclusion services	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Shortness of Breath on Exertion	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Heat Sensitive	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> ASD or PDD NOS	<input type="checkbox"/> Cannot speak conversational English
		<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Other _____
List participant's allergies:	Food allergies _____ Other allergies _____		
Are there any accommodations you would like to request for the participant? We will contact you if we are unable to meet your request.			
Please explain anything else you would like us to know.			
Will your child need to take medication during Zoo program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you selected 'Yes', you must complete the Zoo's <a href="#">medication form</a> for prescribed and over-the-counter medications, which can be found on the Zoo's website. Trained Zoo personnel will only administer medication in an emergency situation.	
Please specify all medications that your child will be using before or during the program.			

## STEP 3: TERMS AND CONDITIONS (Required for all program participants)

<p><b>By attending an Adult Program, ALL Adults agree to the Terms and Conditions as outlined herein.</b></p> <p><b>Claims Release:</b> 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.</p> <p><b>Medical Consent:</b> 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.</p>	<p>Participant 18 years or older must Sign for themselves Participant under 18 years - <b>Parent/Legal Guardian</b> must Sign</p> <p style="text-align: center;">↓   ↓   ↓</p> <p>_____</p> <p style="text-align: center;">Signature</p>
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## STEP 4: EMERGENCY CONTACT INFORMATION

In the event of illness or an emergency, please name a person we may contact to act on your behalf if you (the parent or guardian) are not available. Please inform the person 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: (      )
Please list any additional individuals that are allowed to pick up your child from programs:			

## STEP 5: PROGRAMS REQUESTED

Program Title(s)	Enter Program Code OR Date Choices (enclose a separate piece of paper if necessary)	Code "C" programs: list name of adult attending with child	List Quantity Purchased (ADULT programs only) Qty x Price = Total	Program Fee
1.	1 <sup>st</sup> Choice      2 <sup>nd</sup>		____ x \$ ____ = \$ ____	\$
2.	1 <sup>st</sup> Choice      2 <sup>nd</sup>		____ x \$ ____ = \$ ____	\$

## STEP 6: PAYMENT (Required at the time of registration)

<p><input type="checkbox"/> <b>CHECK PAYMENT:</b> Registrations must be received <b>at least three weeks</b> prior to your program date(s).</p> <ul style="list-style-type: none"> <li>• Make check(s) payable to: Saint Louis Zoo Education Dept.</li> <li>• A fee will be charged for returned checks.</li> <li>• <b>SEPARATE CHECKS</b> are required for each program.</li> <li>• Please include your phone number on each check.</li> </ul> <p><input type="checkbox"/> <b>Saint Louis ZOO GIFT CARD PAYMENT:</b> Registrations must be received <b>at least two weeks</b> prior to your program date(s).</p> <p><b>AMOUNT OF GIFT CARD \$</b> _____ Please list the information from the back of the Zoo Gift Card:</p> <p>NUMBER _____ BID _____ CVV _____</p>	<p><input type="checkbox"/> <b>CREDIT CARD PAYMENT:</b> Registrations must be received <b>at least two weeks</b> prior to your program date(s). <span style="float: right;"><b>Total Due: \$</b> _____</span></p> <p>CARDHOLDER SIGNATURE _____</p> <p>CARDHOLDER NAME _____</p> <p>CARDHOLDER PHONE NUMBER _____</p> <p>BILLING ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____</p> <p>-----</p> <p>ACCT # _____ EXP DATE (mm/yy) ____ / ____</p>
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