

Office use only:

dte: _____
db: _____
cfo: _____
ck #: _____
auth: _____
bat: _____
pd: _____

PARTICIPANT'S NAME:

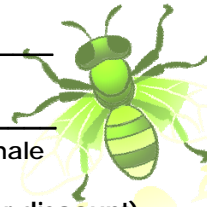
Registration Form

Camper's First & Last Name _____

Age _____ Birth date _____ Male _____ Female _____

ZSF Membership ID #: _____ (Required for discount)

Single__ Dual__ Family__ Family+__: Expiration Date: _____



**BANK OF AMERICA ZOOFARI
SPRING CAMP 2010**

Miami Metrozoo
Zoological Society of Florida
Ages 4-10 years

March 29-April 2, 2010 9:00 AM-4:00 PM

**MAIL OR FAX FORM TO: ZOO CAMP, Zoological Society of Florida,
12400 SW 152 Street, Florida 33177 FAX: 305-255-7126**

We do not accept phone reservations. PRE-REGISTRATION with payment is required including medical forms. Space is limited. Registrations are processed on a first come first served basis. Deadline to enroll is Wednesday, March 24, by NOON. Registration will close earlier if camp is full. Refunds may be requested until 3:00 PM, on Friday, March 26, 2010, and are subject to a \$20 cancellation fee per child. No credits or refunds will be issued after this date.

FAMILY INFORMATION: PLEASE PRINT CLEARLY

Address: _____ **City:** _____
*(Credit Billing address) **Zip Code:** _____

Name(s) of Parent/Guardian: Emergency & Pickup Phone (Day & Emergency#)
First _____ Last _____
First _____ Last _____ Phone *(Credit Billing #) _____

Name(s) of Parent/Guardian: Emergency & Pickup Phone (Day & Emergency #)
First _____ Last _____
First _____ Last _____ Phone *(Credit Billing #) _____

Name(s): Additional AUTHORIZED PICK-UP (limit 2 persons)
First _____ Last _____
First _____ Last _____

Camper's MEDICAL INFORMATION

Allergies: _____NO _____YES
Medical or Other conditions: _____NO _____YES
Prescribed Medications: _____NO _____YES

Any YES answers require the Medical Form to be filled out and submitted with this Registration Form.

If **medications** need to be dispensed by Camp Staff, the additional Authorization Form is required.
_____NO _____YES

CAMP WEEK:	Regular	ZSF MBR	Ext.Care:	Total
March 29	_____	_____	_____	= _____
Sibling discount - \$5 (2 nd child only) (-)				_____
Late registration fee- \$10 per child: (+)				_____
Total Due:				_____

**Credit payment requires matching phone & address.*

TOTAL Payment Due: _____
____ Check # _____ payable to
Zoological Society of Florida
____ Cash/Money Order # _____
Receipt# _____
____ **Credit Card** ____ Visa ____ MC ____ AMEX

Signature: _____ Expiration Date: _____

FOR CONFIRMATION & PHOTO E-MAIL ADDRESS or FAX:

WAIVER: I, _____, parent/legal guardian of the camper give permission for my child to participate in the Zoological Society of Florida (ZSF) Zoofari Camp program. Neither the ZSF or Miami Metrozoo (MMZ), Miami-Dade County (MDC) or their employees will be liable for any camper for injury or damage to any person or property arising out of the use of MMZ facilities during camp. All campers and chaperones agree to waive any and all claims against the ZSF, MMZ, MDC or employees arising from camper participation in this program and presence at Miami Metrozoo.

I authorize the use and reproduction of any and all photographs and likenesses of my child for any public relations purposes. I have read the registration and medical sections and have supplied accurate information and I can be reached at the numbers listed above. I authorize ZSF to transport and/or obtain medical services for my child.

Signature of Parent/Guardian: _____ Date: _____

