

Office use only

PARTICIPANT'S NAME: _____

Registration Form

cb: _____
cfo: _____
ck #: _____
auth: _____
bat: _____
pd: _____

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 SUMMER CAMP 2010

Miami Metrozoo Zoological Society of Florida
Ages 4-10: June 21 thru August 6
Ages 11-13: Weeks of July 26 & August 2

**MAIL OR FAX FORM TO: SUMMER 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 Noon on Wednesday, before the week to be attended. Registration will close earlier if camp is full. Refunds may be requested until 3:00 PM on Friday, before the week to be attended, and are subject to a \$20 cancellation fee per child. After Friday, no credits or refunds will be issued.

PLEASE PRINT CLEARLY **Address:** _____

FAMILY INFORMATION: City: _____ **Zip Code:** _____ (*Credit billing)

Name(s) of Parent/Guardian: Emergency & Pickup

Phone (Day & Emergency #)

First _____ Last _____

First _____ Last _____

Phone *(Credit Billing #)

Name(s): of Additional Emergency Contact Person(s):

Phone (Day & Emergency #)

First _____ Last _____

First _____ Last _____

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
June 21	_____	_____	_____	= _____
June 28	_____	_____	_____	= _____
July 6 Tue	_____	_____	_____	= _____
<i>(4 days @ \$144 \$128 for July 6th week only)</i>				
July 12	_____	_____	_____	= _____
July 19	_____	_____	_____	= _____
July 26	_____	_____	_____	= _____
August 2	_____	_____	_____	= _____
Discount (2nd camper OR 2nd week \$5) -				_____
Late registration fee: +\$10			+	_____
Total Due, Sum of weeks:				_____

*Credit payment requires billing phone and address.

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

_____ Exp. Date _____ Signature

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:** _____

