

Office use only:

dte: _____

db: _____

cfo: _____

ck #: _____

auth: _____

bat: _____

pd: _____

PARTICIPANT'S NAME:

Financial - Registration Form

Camper's First & Last Name _____

Age _____

Birth date _____

Male _____

Female _____

ZSF Membership ID #: _____ Expiration Date: _____

Include this form with application: SUMMER CAMP SCHOLARSHIP

Zoological Society of Florida

12400 SW 152 Street

Miami, Florida 33177

FAMILY INFORMATION:

Address: _____

PLEASE PRINT CLEARLY

City: _____ Zip Code: _____

**BANK OF AMERICA ZOOFARI CAMP
SUMMER 2009**

Miami Metrozoo Zoological Society of Florida

Ages 4-13: July 20 thru July 31

Check week(s) camper will attend (Maximum of two)

	CAMP WEEK:	Extended Care	Camper's Age
July 20-24	_____	_____	_____years
July 27-31	_____	_____	_____years

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

Phone (Day & Emerg. #)

First _____ Last _____

First _____ Last _____

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

Phone (Day & Emerg. #)

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

FOR CONFIRMATION & PHOTO: E-MAIL address:

WAVER: 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 an 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:** _____

Financial Aid Acceptance Date: _____

Signature: _____
(Parent/Guardian)