

Office use only

PARTICIPANT'S NAME: _____

Registration Form

db: _____
 cfo: _____ Camper's First & Last Name
 ck #: _____
 auth: _____ Age _____ Birth date _____ Male _____ Female _____
 bat _____
 pd: _____ ZSF Membership ID #: _____ (Required for discount)

Single__Dual__Family__Family+__: Expiration Date: _____

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.

FAMILY INFORMATION: Address: _____ *(Credit billing)

PLEASE PRINT CLEARLY City: _____ Zip Code: _____

Name(s) of Parent/Guardian: Emergency & Pickup Phone (Day & Emerg. #)
First _____ Last _____

First _____ Last _____ Phone *(Credit Billing #) _____

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

**BANK OF AMERICA ZOOFARI
SUMMER CAMP 2009**

Miami Metrozoo Zoological Society of Florida
Ages 4-10: June 15 thru July 31
Ages 11-13: Weeks of July 20 & July 27

CAMP WEEK:	Regular	ZSF MBR	Ext.Care:	Total
June 15	_____	_____	_____	= _____
June 22	_____	_____	_____	= _____
June 29	_____	_____	_____	= _____
<i>(4 days @ \$144 \$128 for June 29th week only)</i>				
July 6	_____	_____	_____	= _____
July 13	_____	_____	_____	= _____
July 20	_____	_____	_____	= _____
July 27	_____	_____	_____	= _____
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 # _____
 Receipt# _____
 ___ **Credit Card** ___ Visa ___ MC ___ AMEX

Exp. Date: _____ Signature: _____

FOR CONFIRMATION & PHOTO: E-MAIL address: _____ or FAX: _____

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: _____

