

PARTICIPANT'S NAME: Financial - Registration Form

Camper's First & Last Name _____

Age _____ Birth date _____ Male _____ Female _____

ZSF Membership ID #: _____ Expiration Date: _____

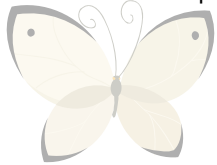
**BANK OF AMERICA ZOOFARI CAMP
SUMMER 2010**

Miami Metrozoo Zoological Society of Florida

Ages 4-13: July 26 thru August 6

Include this form with application: SUMMER CAMP SCHOLARSHIP

Zoological Society of Florida
12400 SW 152 Street
Miami, Florida 33177



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

	CAMP WEEK:	Extended Care	Camper's Age
July 26-30	_____	_____	_____years
August 2-6	_____	_____	_____years

FAMILY INFORMATION: Address: _____

PLEASE PRINT CLEARLY City: _____ Zip Code: _____

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

First _____ Last _____

First _____ Last _____

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

Financial Aid Acceptance Date: _____



Signature: _____

(Parent/Guardian)

FOR CONFIRMATION & PHOTO: E-MAIL address:

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 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:* _____