

FIRST AID WAIVER

Camper's Name _____

Please initial number one or two:

1) _____ I authorize and grant permission to a representative of Brevard Zoo to treat minor injuries including scrapes, small cuts, splinters, and insect bites.

Check those allowed: ___ All Listed

___ Isopropyl alcohol ___ Hydrogen peroxide ___ Antibiotic ointment
___ Insect sting relief ___ Aloe vera ___ Band-aids/bandages

2) _____ I DO NOT authorize and grant permission to a representative of Brevard Zoo to treat minor injuries including scrapes, small cuts, splinters, and insect bites.

Please list any medical/physical limitations (allergies, etc.) or other concerns pertaining to your child:

Photograph Release Waiver - Please initial one:

_____ I grant permission and understand that any photos/video taken of my child during this program may be used in publications to promote educational programs.

_____ I DO NOT grant permission for photos/video taken of my child during this program.

ACCIDENT RELEASE AND FINANCIAL RESPONSIBILITY WAIVER

Please Read All Three Paragraphs and Sign Below - Registration forms cannot be accepted without a signature.

I understand the educational programs provided by the East Coast Zoological Society of Florida, Inc. d.b.a. Brevard Zoo, and understand the inherent dangers involved with my child's participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that participants in such programs are not covered under insurance of Brevard Zoo and that Brevard Zoo would not allow my child's participation in these programs absent my signing this release. I authorize and grant permission to the representative of Brevard Zoo to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in educational activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with my child's participation in any educational programs offered by Brevard Zoo.

I hereby release and forever discharge Brevard Zoo and any and all agents of Brevard Zoo from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of my child's participation in the educational programs of Brevard Zoo. I further waive, release, absolve and agree to indemnify and hold Brevard Zoo harmless as a result of my child's participation in any educational program sponsored by Brevard Zoo. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

I also understand that this is an educational facility and cannot be claimed as day care on my taxes. Refunds will not be issued two (2) weeks before camp. A \$25 administration fee will be assessed on all cancellations and transfers.

Parent/ Guardian Signature _____ Date _____

FOR BREVARD ZOO USE ONLY (Not completed until payment is received and all waivers are signed)

Payment Type _____ Date Payment Received _____

Please Initial _____ Entered in Book _____ Entered in Computer _____



CAMP REGISTRATION FORM

Detach form and mail/fax to: Education Department, Brevard Zoo, 8225 North Wickham Road, Melbourne, FL 32940, FAX: 321.259.5966. Registration is complete when both signed registration form and payment have been received. Sorry, no phone registrations accepted.

REGISTER BETWEEN
FEBRUARY 2 - MARCH 15
& RECEIVE
\$15 OFF EACH CAMP!

Camper's Name _____ Nickname _____

Female or Male _____ Date of Birth _____ Age _____

2008-09 Grade _____ 2009-10 Grade _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Email _____

Work # _____ Home # _____ Cell # _____

In the event of an emergency, a parent/guardian will be contacted first. Please list a second emergency contact person in the event the parent/guardian cannot be reached.

Emergency Contact Name _____ Relationship _____ Phone # _____

Please list names of ALL PERSONS authorized to pick up your child. These will be the only people permitted to pick up your child:

Name _____ Name _____ Name _____

WHICH CAMPS ARE YOU REGISTERING FOR?

(\$15 discount per camp if registering between February 2 - March 15, 2009. May not be combined with other coupons or promotions.)

HALF DAY CAMPS/SUMMER:

MEMBERS \$120 PER CAMP NON-MEMBERS \$140 PER CAMP

SPRING/SUMMER FULL DAY CAMPS:

MEMBERS \$250 PER CAMP NON-MEMBERS \$280 PER CAMP

EARTH EXPLORERS: MEMBERS \$300 PER CAMP; NON-MEMBERS \$330 PER CAMP

SPRING CAMP

Full Day Session Camp Name _____ April 6-10, 2009 \$ _____

SUMMER CAMP

Morning Session: Camp Name _____ Date _____ \$ _____

Morning Session: Camp Name _____ Date _____ \$ _____

Afternoon Session: Camp Name _____ Date _____ \$ _____

Full Day Session: Camp Name _____ Date _____ \$ _____

Full Day Session: Camp Name _____ Date _____ \$ _____

ART CAMP

Full Day Session: Camp Name _____ ART CAMP Date _____ \$ _____

LUNCH OPTIONS

Lunch is only provided for Earth Explorers. Full Day campers must bring lunch.

T-SHIRTS/VISORS

Morning campers receive one t-shirt and afternoon campers receive one visor. Full day campers will receive both a t-shirt and a visor. Additional t-shirts and visors can be purchased for \$10 each. Please circle t-shirt size below:

Child Small (6-8) Child Medium (10-12) Child Large (14-16)

Adult Small Adult Medium Adult Large Adult X-Large

Additional Camp T-Shirts: (Additional t-shirts will be the same size as indicated above.) Qty _____ \$ _____

Additional Camp Visors: Qty _____ \$ _____

\$15 DISCOUNT PER CAMP if registering between February 2 - March 15 only. Qty _____ \$ _____

GRAND TOTAL\$ _____

Payment Information:

Circle One: Check(Enclosed) # _____ Visa MasterCard Discover AMEX

Card Number _____ Expiration Date _____

Billing Address: Same as Above (y/n) _____

Name _____

Address _____

City _____ State _____ Zip _____