

- YOU MUST FILL OUT BOTH PAGES/SIDES OF THIS FORM TO COMPLETE YOUR REGISTRATION. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

## 2010 SPRING BREAK CAMP REGISTRATION FORM

Mail to: Dallas Zoo • "Spring Break Camp" • 650 So. R. L. Thornton Freeway • Dallas, TX 75203 or Fax to: 214-670-7521

Complete one per child please – return both pages/sides.

How did you hear about us? *Please check all that apply.*

- I'm a past camp/class participant       From a family member or friend       Dallas Zoo website  
 DZS newsletter or email       While visiting the Zoo       Other \_\_\_\_\_  
 Received a brochure

Child's Name \_\_\_\_\_ Grade Currently Enrolled In \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender     Male       Female

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

DZS Membership ID# \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Did you forget your DZS Member number, need to join, or need to renew? Call 214-943-2771, ext. 314*

SPRING BREAK CAMP 9:00AM—3:00PM	BEFORE CARE 7:30AM—9:00AM	AFTER CARE 3:00PM—5:30PM
<input type="checkbox"/> All 5 Days: Mon—Fri  Daily: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> All 5 Days: Mon—Fri  Daily: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> All 5 Days: Mon—Fri  Daily: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>Total Fee Enclosed: \$</b> _____		

**I prefer to pay by:**

Check\* TX DL# required \_\_\_\_\_

\*In the event your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically.

Visa     MasterCard     American Express     Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature required \_\_\_\_\_

Questions? Email us at [publicprograms@dallaszooed.com](mailto:publicprograms@dallaszooed.com) or call 214-670-6832

**REGISTRATION FORM CONTINUED**

The following information must be completed and returned with registration.  
Please print clearly.

**RELEASE OF LIABILITY**

I, the undersigned parent/legal guardian of \_\_\_\_\_, give my permission for this child to participate in the Spring Break Camp activities of the Dallas Zoo and The Dallas Aquarium at Fair Park. By so doing, I release the City of Dallas, Dallas Zoo Management, Inc, the Dallas Zoological Society, the Dallas Zoo, The Dallas Aquarium at Fair Park, and all persons related directly or indirectly with the program from all manner of claims, demands, obligations, liabilities, suits, or causes of action resulting from any injuries which might occur as a result of these activities.

I authorize the photographing, filming, or videotaping of my child for Dallas Zoo promotions and publications.  
YES   NO

Signature of Parent/Legal Guardian \_\_\_\_\_

**MEDICAL RELEASE FORM**

- 1. Allergies (to drugs, foods, insect bites, etc.) : \_\_\_\_\_
- 2. List medications and reasons for taking: \_\_\_\_\_
- 3. Behaviors of which staff should be advised: \_\_\_\_\_  
How do you handle this behavior? \_\_\_\_\_

Two persons to contact in case parents cannot be reached:

Name:	1. _____	2. _____
Relationship:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____

I give my permission for the supervising staff to obtain medical treatment in an emergency situation for my child in the event I cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_

**PICK UP AUTHORIZATION FOR PARTICIPANTS**

The following individuals are authorized to pick up my child (attach additional names if needed).  
**Please include yourself if you will be picking up your child at the end of the camp day.**

Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____

**I acknowledge that penalty fees will be charged for late pick-ups (\$15 per child for every 15 minutes past the designated pick-up time). These fees must be paid prior to the next week of class. In addition, I will inform each person picking up my child of these rules. I understand each individual authorized to pick up my child is subject to this fee.**

Signature of Parent/Guardian: \_\_\_\_\_

**YOU MUST COMPLETE BOTH PAGES/SIDES OF REGISTRATION FORM**