



Minnesota Zoo Education Programs Registration Form

Please complete and return all four pages in order for your registration to be processed.

Parent/Guardian Name _____ Member # _____ Expiration Date _____
 Street Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Cell Phone _____ Evening Phone _____
 Email Address _____

Child's Name _____ Grade Next Fall _____ Birthdate _____
 First Choice _____ Date/Time _____
 Second Choice _____ Date/Time _____
 Third Choice _____ Date/Time _____
 Fourth Choice _____ Date/Time _____

Applicable for summer Zoo Camp only

Item	Information	Fees	Please complete
T-shirts (YXS, YS, YM, YL, AS, AM, AL, AXL)	Children will receive 1 free t-shirt for each week-long camp they are registered for.	Free for week-long camp	T-shirt size for camper? _____
Extra T-shirts (optional)	You may purchase any extra t-shirts (for single day or extras for week-long campers or adults).	\$12 each	Number of extra shirts (if applicable)? _____ T-shirt size(s) for extra shirt(s)? _____
Lunch Supervision (offered for Grades 1-9)	If you choose a morning and afternoon camp of the same week, a \$10 fee will be added for lunch supervision. Your child will need to bring their own lunch and we will get them to their afternoon class after lunch.	\$10	Camper is registered for a.m. and p.m. camp? Yes No
Early Drop-off Supervision (optional)	7 a.m.-8 a.m. (for camps that start at 8 a.m.) 7 a.m.-9:30 a.m. (for camps that start at 9:30 a.m.)	\$35/week \$45/week	Register for Early Drop-off? Yes No
Late Pick-up Supervision (optional)	3:30 p.m.-6 p.m. (for camps that end at 3:30 p.m.) 5 p.m.-6 p.m. (for camps that end at 5 p.m.)	\$45/week \$35/week	Register for Late Pick-up? Yes No

Total Fee: \$

Payment by: Visa Master Card Discover Check Money Order

Card # _____ Expiration Date _____ Signature _____



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Medical Information

Child's Name _____

To enhance your child's experience while attending this program, please list details about any special needs, medical conditions or allergies (enter n/a if none).

Please list any current medication(s) _____

Emergency Contact Information

Please include an alternate contact to the parent.

Name _____

Daytime Phone _____ Cell Phone _____ Evening Phone _____

Authorized Adults Information

Please list the names of people that are authorized to pick up your child from the program.

Please list the name(s) of anyone **NOT** authorized to pick up your child.



Minnesota Zoo Education Programs Waivers

Liability-Medical-Safety Waiver

In my opinion, my child is physically and emotionally able to fully participate in the program at the Zoo. I recognize and acknowledge that participation may involve the risk of accident, personal injury and/or property damage. I consent to my child's participation and assume all these risks. Participating in any activity is an acceptance of some risk of injury that my child is primarily dependent on his/her taking proper care of him/herself.

Accordingly, in consideration of Minnesota Zoo's allowing my child to participate, I hereby release the Minnesota Zoo, its officers, directors, employees, agents and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to participation in the program at the Zoo.

I further understand and attest that the group leader has all necessary medical information. In the event of an emergency, if I cannot be reached, I give permission to the physician, selected by the Minnesota Zoo staff, to secure treatment for my child.

I understand that my child will be transported to the Fairview Ridges Hospital by a local emergency unit for treatment (transportation will be at the expense of the parent). Transportation to an HMO facility other than Fairview Ridges Hospital will be considered in emergencies only when the child's condition permits.

By checking the Liability-Medical-Safety Waiver Button on the online application form and submitting the application, I agree to the above terms.

I, _____, am the legal guardian and agree with the Liability-Medical-Safety Waiver
(Please Print)

Signature _____ Date _____

Photo Waiver

I do hereby give and grant to the Minnesota Zoo, and/or any individual, firm or publication designated by it, the exclusive right to use, publish and copyright my child's name, photograph or photographs both still and motion picture. My child may be included in the photographs in whole or in part, in composite or distorted form, in conjunction with my child's own or a fictitious name for reproduction in any medium the Minnesota Zoo or its designees may determine for the purpose of advertising, display exhibition, promotional or editorial use. I grant the Minnesota Zoo and its designees all right, title and interest that I may have in the finished pictures, negatives, reproductions and copies of the original prints and negatives. I agree that should the Minnesota Zoo and its designees not desire to use any of the rights described above, they are under no obligation to do so.

I, _____, am the legal guardian and agree with the Photo Waiver
(Please Print)

I, _____, am the legal guardian and **DO NOT** agree with the Photo Waiver
(Please Print)

Signature _____ Date _____



Minnesota Zoo Education Programs Behavior Policy

The Minnesota Zoo educators hope to make this program experience one that your child will enjoy and remember for a lifetime. Our goal is to create an environment that is enjoyable, safe and supportive. Our educators are able to accomplish this goal by providing an environment that promotes physical safety, emotional well-being, educational opportunities and fun. We also feel everyone shares in the responsibility of making this program a great experience; every person plays a critical role by agreeing to respect others.

Sometimes, despite everyone's best efforts, children will misbehave. Our educators can easily handle most of these situations, but there may be times when we need to include the parent/guardian for disciplinary purposes. In hopes of eliminating these situations from occurring and ensuring that everyone truly understands what is considered appropriate behavior, the Minnesota Zoo has instituted a behavior policy.

Please read the policy, indicating that both you and your child understand what type of behavior is expected during the program and what the consequences will be if a child chooses to partake in inappropriate behavior. We appreciate your trust and support. Together we can make this program a wonderful experience for your child.

If you have any questions, please call: Tyler Ahnemann, Community Programs Supervisor at 952-431-9226.

Expectations

1. Follow the instructor's directions including paying attention and listening when someone else is speaking and always stay with the group.
2. Remember to treat others as you would like to be treated. Keep your hands, feet and other objects to yourself.
3. Always talk to your instructor if you have a question or a problem during the program. We won't be able to help you if you don't speak up.

Failure to follow these expectations will result in an unsafe or unenjoyable atmosphere for you and others in the program. Should that happen, the following consequences will occur:

Consequences

Depending on the severity of the situation or if the behavior persists, one or more of the following consequences will occur:

1. Instructors will discuss the behavior with the child.
2. The child will be given a "time out" or will not be allowed to participate in a subsequent activity.
3. Instructors will discuss the behavior with the parent/guardian.
4. In severe cases, the child will be sent home immediately and/or told that he/she will not be allowed to return the following day.

Note: There are no refunds when a child's own behavior requires he/she be sent home.

I, _____, am the legal guardian and agree with the Behavior Policy
(Please Print)

Signature _____ Date _____