



2017 Family Fun Series Registration Form

Parent(s) Name(s) _____

Contact Phone _____ Email _____

Home Address _____

Are you a Member? **YES!** Member Number _____ **No** *Join today at www.columbianparkzoo.org or call 765.807.1540 for more info!*

I have read, understand and agree to abide by the Columbian Park Zoo's Education Program Participation Agreement and Cancellation Policy. (A copy is included in this packet.)

Parent/Guardian Signature

Date

Zoo Pajama Party - Families with children ages 0-5+

Fees: Individual session: \$10 per family for Members/ \$12 Non-Members
Season Pass: 12 sessions \$108 for Members/ \$120 Non-Members

SEASON PASS - all 12 sessions All sessions begin at 6:30pm

or select individual sessions below:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> January 6 | <input type="checkbox"/> July 7 |
| <input type="checkbox"/> February 3 | <input type="checkbox"/> August 4 |
| <input type="checkbox"/> March 3 | <input type="checkbox"/> September 1 |
| <input type="checkbox"/> April 7 | <input type="checkbox"/> October 6 |
| <input type="checkbox"/> May 5 | <input type="checkbox"/> November 3 |
| <input type="checkbox"/> June 2 | <input type="checkbox"/> December 1 |

Subtotal for
Zoo Pajama Party:

\$ _____

Family Programs Notes:

- All members of the family attending must be listed on the registration form.
- For this program a "Family" is defined as up to 2 adults and all children living in the household. If more than 4 children will attend, please attach second form.
- Sorry, we are unable to accommodate sleepover guests, visiting family, etc. without advance registration. If space is available, these individuals may register/pay in order to attend with your family. A liability release with parent/guardian signature is required for all minors. Please call the Zoo Education office to inquire about space availability.
- Seats will be reserved for all individuals listed. Adult substitutions are allowed.
- All allergies or special needs should be discussed with the Zoo Education Department prior to registration at zoeducation@lafayette.in.gov

Who is attending?

| | | |
|-------------------------|---------------------------------|---|
| Parent 1 _____ | Allergy or special need? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Parent 2 _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 1 _____ DOB _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 2 _____ DOB _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 3 _____ DOB _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Child 4 _____ DOB _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N |

More programs on

Kids' Drop Off Programs - ages 5-12



Fees: Fees are per session, up to 2 children per family, \$5 per child thereafter

Kids' Night out (Parents' Night Off!): FREE for Members/ \$25 Non-Members

Kids' Night Out #1 - February 11, 5:30pm-9:30pm

Kids' Night Out #2 - June 17, 5:30pm-9:30pm

Kids' Night Out #3 - September 16, 5:30pm-9:30pm

Holiday Drop & Shop: FREE for Members/ \$35 Non-Members

Holiday Drop & Shop 2017 - December 9, 9:00am-3:00pm

Subtotal for
Kids' Drop Off Programs:

\$ _____

Who is attending?

| | | Allergy or special need? | Kids' Night Out | Holiday Drop & Shop |
|---------------|-----------|---|---|--------------------------|
| Child 1 _____ | DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 | <input type="checkbox"/> |
| Child 2 _____ | DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 | <input type="checkbox"/> |
| Child 3 _____ | DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 | <input type="checkbox"/> |
| Child 4 _____ | DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 | <input type="checkbox"/> |

Family Fun Days - Families with members of all ages

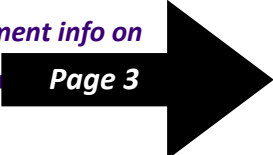
Fees: Due to the unique nature of each session, fees vary. Fees listed are per family.

- Family Fun Friday: Movie Night** April 28, 6:30pm-9:00pm **\$25 Members/\$35 Non-Members**
- Family Fun Day Sunday: Ice Cream Safari** July 30, 4:00pm - 6:00pm **\$35 Members/\$50 Non-Members**
- Family Fun Friday: Zoo Snooze** Sept 22-23, 6:30pm -10:00am **\$100 Members/\$150 Non-Members**
- Family Fun Day Sunday: Zoo Year's "Eve"** Dec 31, 11:00am-12:30pm **\$25 Members/\$35 Non-Members**

| Who is attending? | Allergy or special need? | Movie Night | Ice Cream Safari | Zoo Snooze | Zoo Year's Eve |
|-------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Parent 1 _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent 2 _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child 1 _____ DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child 2 _____ DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child 3 _____ DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child 4 _____ DOB _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Subtotal for Family Fun Days: \$ _____

Payment info on



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Payment Information

Cancellation Policy - Family and Youth Programs

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. For Family and Youth Programs, a \$15 Cancellation Fee applies, per cancellation event. Cancellation fees will be automatically deducted from any due refund. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel a participant's registration, without refund, if program rules and regulations are not followed by participant. The Zoo reserves the right to cancel a program, at its sole discretion, due to inclement weather which would compromise the health or safety of the animals and/or Zoo staff members or program participants. In the event of cancellation for inclement weather, at the Zoo's discretion, the Zoo will work with you to reschedule, offer a refund or other alternate solution.

Amount Due:

Zoo Pajama Party Subtotal \$ _____

Kids' Drop off Programs Subtotal \$ _____

Family Fun Days Subtotal \$ _____

TOTAL \$ _____

Apply Promo Code?

PROMO CODE:

-\$ _____

TOTAL DUE \$ _____

Payment Information:

- Cash
- Check (Payable to *Lafayette Parks and Recreation*)
- Credit Card **MasterCard** or **Visa** (*please circle one*)

Card # _____

Exp. _____ Security Code/CVV _____

Cardholder's Signature _____

TO REGISTER:

Mail to: ATTN: Zoo Ed
Lafayette Parks and Recreation
1915 Scott Street
Lafayette, IN 47904

Drop off at:

Zoo Administration office
(hours vary, call for current hours)
-or -
Lafayette Parks & Rec office
(M-F, 8-5, except holidays)

Sign Release Form on

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EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, _____ (print name), the parent/legal guardian of the following child(ren),

(print names of all children being registered) _____

consent to my child(rens)'s participation in zoo education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Columbian Park Zoo staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Parks Department, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Park Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Park Personnel, as a result of my child's participation.

I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

Parent/Guardian Signature

Date

Emergency Contact Numbers:

Call 1st: _____ () - _____ ext. _____
(e.g. "Mom's cell phone" or "Dad at work")

Call 2nd: _____ () - _____ ext. _____

Alternate Emergency Contact Person's Name _____

Relationship to child _____

Call: () - _____ ext. _____

Please consider selecting a nearby relative or friend to serve as an alternate emergency contact person. Your alternate emergency contact person is authorized to pick-up your child. All others require a written, signed note of permission.



EDUCATION PROGRAMS PARTICIPATION AGREEMENT

In consideration of the applicant's reservation of a Columbian Park Zoo event, the parties hereby agree as follows:

Rules and Regulations:

- **Severe environmental allergies to common zoo items (peanuts, latex, etc.) must be brought to Zoo staff attention at the time of registration. We will make reasonable accommodations whenever possible. We cannot guarantee non-exposure.**
- **If your child has special needs for learning or access, please discuss them with the Zoo Education Staff in advance so that we can help make the experience a success.**
- **A completed, current *Emergency Contact Information, Medical Authorization and Release Agreement* must be submitted prior to participation. This form must be signed by a parent or legal guardian.**
- **MEDICATION POLICY: If your child requires medication be taken during a program timeframe, a *Medication Administration Authorization* form with parent signature is required. Zoo staff will only administer prescription medications, according to the prescription label directions. Medications must be brought in an original prescription labeled container (for Epipens and other auto-injectors a copy of the prescription label may accompany the injector). Over-the-counter medications (such as Tylenol) will not be administered unless accompanied by a doctor's note detailing dosage and administration instructions. Parents unable to meet these requirements are permitted to stay in order to administer medication, if necessary. Zoo staff will hold all medications, with the exception of rescue inhalers, which children may carry with parent permission.)**
- Class size is limited and on a first-come, first-serve basis. Registration is required.
- Registration and payment must be received at least 48 hours prior to the start of any program. Late registrations may be accepted at the discretion of the Columbian Park Zoo staff.
- Due to the volume of registrations received, the Columbian Park Zoo does not send registration confirmations in the mail. Please plan to attend your session unless you are notified otherwise. It is our goal to send courtesy reminders via email (to the address supplied on the registration form) prior to each program, however we cannot guarantee receipt. To confirm your child's enrollment, please contact the Zoo Education office at zooeducation@lafayette.in.gov or (765) 807-1540.
- If the program or session you have registered for is full, you will be notified by phone or email so you may choose another session, may be placed on a wait list or may request a refund.
- Only registered and paid individuals may participate in education program activities, including animal encounters.
- Children must meet the minimum age requirement of the program selected. Age exceptions will be made at the discretion of zoo staff to accommodate special needs.
- Children registered for drop-off classes must be fully toilet-trained. Parents are permitted to stay with children who do not meet this specification.
- Columbian Park Zoo reserves the right to substitute animals/themes without prior notification.
- Parents will be notified if disciplinary issues arise. Columbian Park Zoo reserves the right to exclude individuals from future participation if disciplinary issues are not resolved.
- Participation in any Columbian Park Zoo event grants permission for the City of Lafayette to use photos, videos and other images of the participant in promotional materials, including website use.

KEEP THIS PAGE FOR YOUR RECORDS