

FALL EDUCATION PROGRAMS REGISTRATION FORM

FALL YOUTH PROGRAMS & CAMPS

TWO BY TWO (*two-year-old and an adult*)

Cost per session (one adult & one child):
Regular \$25; Members: \$20

- Do the Locomotion: Sept. 9, 9–10 a.m.
- Do the Locomotion: Sept. 11, 9–10 a.m.
- Lovely Lizards: Oct. 7, 9–10 a.m.
- Lovely Lizards: Oct. 9, 9–10 a.m.

TWO BY THREE (*three-year-old and an adult*)

Cost per session (one adult & one child):
Regular: \$25; Members: \$20

- In Your Own Backyard: Sept. 9, 11 a.m. – noon
- In Your Own Backyard: Sept. 11, 11 a.m. – noon
- Opposites: Oct. 7, 11 a.m. – noon
- Opposites: Oct. 9, 11 a.m. – noon

ZOOPER KIDS (*ages 4-5*)

Cost per session: Regular: \$20; Members: \$15

- Rainforest Expedition: Sept. 9, 1–2:30 p.m.
- Rainforest Expedition: Sept. 11, 1–2:30 p.m.
- Who Hops?: Oct. 7, 1–2:30 p.m.
- Who Hops?: Oct. 9, 1–2:30 p.m.

FALL FAMILY CLASSES

WE ARE FAMILY

Cost per person: Regular \$15; Members \$10
Family of 4: Regular: \$50; Members \$35

- Sept. 18, 9–10:30 a.m.

BIG CATS!

Cost per person: Regular \$15; Members \$10
Family of 4: Regular: \$50; Members \$35

- Oct 16, 9–10:30 a.m.

SPECIAL CLASS

To register for the Los Animalitos classes,
call the Los Monitos Language Centers
at (502) 893-0933 or visit them online at
www.losmonitos.com/losanimalitos

Child's Last Name _____ First Name _____

Sex (*circle*): Male / Female Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____ Email Address _____

Health problems, Special Needs or request to be with a friend _____

FOR FAMILY CLASS GROUPS

Parent's Name(s) _____

Children Attending _____

I hereby authorize the Louisville Zoo to take any steps to ensure my child's health in case of an emergency.

I also authorize the Louisville Zoo to use my child's name and/or photograph for education and public relations purposes.

In consideration of the Louisville Zoo allowing my child to participate in this Louisville Zoo Education Program ("Program"), I, for myself and my child, hereby waive and release the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, from any and all claims or causes of actions for injury, damage or loss to the person or property of my child while participating in the Program. I further hereby agree to indemnify, hold harmless and defend the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, from any and all losses, claims, or causes of action for injury, damage or loss in any way relating to or arising from any incidence arising out of my child's participation in the Program. This Waiver and Release is intended to be an express waiver of and release from any and all claims against the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, arising from my child's participating in the Program, including all claims or causes of action based upon the alleged negligence or gross negligence of the Louisville/Jefferson County Metro Government and Louisville Zoo, its agents, officers and employees.

Signature _____ Date _____

Zoo Member # _____ Amount Enclosed \$ _____ Check # _____

Credit Card (*circle*) MasterCard Visa Discover American Express

Acct. No. _____ Exp. Date _____

Signature _____ Print Name _____

- Registration fee must accompany the registration form.
- Please make your check payable to the Louisville Zoo.
- When registering more than one child, please send information on separate forms.

MAIL TO:

MetaZoo Education Programs
Louisville Zoo
P.O. Box 37250
Louisville, KY 40233-7250

FAX TO: (502) 238-5324

theZOO
L O U I S V I L L E