



2015 Zoo Crew School Holiday Program Registration Form/Tax Invoice

Please complete the registration form and parent/guardian agreement (individual forms must be completed for each child) and send it with your payment to Perth Zoo. Once registered, you will be sent a confirmation letter. Please bring your confirmation letter to gain entry to the program.

Participant's Name: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Suburb: _____ P/Code: _____

Parent/Guardian's Email: _____

Phone No(s): _____

How did you hear about the Zoo Crew program?

☐ Perth Zoo Website ☐ News Paws ☐ School ☐ Other _____

Please tick the Zoo Crew date(s) you wish your child to attend:

Sept/Oct School Holidays *Early bird closes 5pm 11 Sept 2015	Zoo Crew Themes		
	Global Explorer	Junior Keeper	Wildlife Hero
	<input type="checkbox"/> Tues 29 Sept	<input type="checkbox"/> Wed 30 Sept	<input type="checkbox"/> Thurs 1 Oct
	<input type="checkbox"/> Tues 6 Oct	<input type="checkbox"/> Wed 7 Oct	<input type="checkbox"/> Thurs 8 Oct

Timeframe: 9:30 am-3:30 pm

Please arrive 15 minutes early for registration. The program finishes at 3:30 pm. Participants may remain at the Zoo free of charge until closing at 5:00 pm in the company of a ticket holding parent/guardian.

Payment Details

Type of Payment (please tick)

☐ Cheque ☐ Mastercard ☐ VISA ☐ AMEX ☐ DINERS

Total amount payable: _____ (All prices are GST inclusive)

\$75.65 Early bird discount (*See closing dates in table)

\$89.00 Standard fee

Please make cheques payable to Perth Zoo.

Credit card details

Cardholder's name: _____

Card Number:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Expiry Date: ☐ ☐ / ☐ ☐

Cardholder's signature: _____

TAX INVOICE [ABN: 12 249 686 526]:

This document becomes a tax invoice for GST upon completion and payment. Please photocopy and maintain for your records before submitting your form.

Please sign and date below.

Signature for Tax Invoice purposes _____ Date _____

Please forward your completed registration form and payment to:

Zoo Crew - Perth Zoo Discovery and Learning

Perth Zoo

PO Box 489

SOUTH PERTH WA 6951

EMAIL: discoveryandlearning@perthzoo.wa.gov.au

Enquiries: (08) 9474 0365

Refund Policy: Refunds are only available if we receive notification of cancellation at least seven working days before the event. We are unable to offer refunds for non-attendance.

Zoo Crew Registration Form/Tax Invoice (continued)

Parent/Guardian Agreement

To ensure all participants have a safe and enjoyable Zoo Crew experience, parents/guardians **must complete the following agreement**.

General Requirements

I understand that:

- It is my responsibility as a parent/guardian to ensure my child arrives on time and is picked up on time. Participants must be signed in and out of this event by an adult.
- If a participant's behaviour puts themselves, others or animals at risk, they will be removed from the program.
- Should a participant be unable to complete the program, the parent/guardian will be required to collect their child in a timely manner upon request.
- Participants may enter areas or come into contact with surfaces that may have been exposed to nuts, nut products, fur or other potential allergens.
- Participants must wear closed in shoes to be admitted into the program. They should also bring weather appropriate clothing/accessories.
- Participants need to supply their own morning tea, lunch (that does not require heating or cooking) and bring a refillable drink bottle. Participants will not be able to visit the Zoo Café or use the vending machines.
- As parent/guardian, I indemnify and release Perth Zoo against all actions, suits, claims and demands (including costs) for personal injury or property damage suffered by my child while participating in the Zoo Crew program.

Behavioural Requirements

The parent/guardian confirms that the participant is able to:

- Follow clear instructions
- Remain calm and quiet when asked to do so.
- Treat other participants, staff and animals with respect and courtesy.

Parent/Guardian Agreement cont.

Medical Requirements

Does your child suffer from any medical condition about which Perth Zoo should be aware?

☐ No ☐ Yes (If 'Yes' please provide details below)

Emergency Contact

Name: _____

Relationship to participant: _____

Phone No(s): _____

Photography

Do you give permission for your child to be photographed/filmed for use by Perth Zoo while on this program? These images may be reproduced in Zoo publications or used to represent Zoo products in third-party publications.

☐ No ☐ Yes

I (Parent/Guardian) _____

Declare that I have read and understand the information in this agreement and that the information that I have provided is true.

Signature of parent/guardian: _____ Date: _____

Relationship to participant: _____

Office Use Only:

Day 1 Locator No: _____ Date: _____

Day 2 Locator No: _____ Date: _____

Day 3 Locator No: _____ Date: _____

Confirmation email/letter sent ☐ Date: _____