



**THE ZOO**  
IN FOREST PARK &  
EDUCATION CENTER

# First Encounters:

Beginner animal experiences for ages 36 months and younger

**Program Date and Time:**  
October 28, 2021, 10 a.m. to 10:30 a.m.

**Cost:**  
Nonmember: \$20 | Member: \$15  
\*Additional children: half price | \*Additional adult: \$10

## Program Registration Form

Name of Accompanying Adult: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Best Phone Number to Reach You: \_\_\_\_\_ or \_\_\_\_\_  
 Email: \_\_\_\_\_

**Payment** (please circle one; The Zoo does **not** accept American Express cards.):  
 Check (payable to Forest Park Zoological Society) **Visa** **Master Card** **Discover** Total Enclosed: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ CVC: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Permission Slip & Release

I, (print name) \_\_\_\_\_ the parent/guardian of  
 \_\_\_\_\_ (child/children), give my permission for them to participate in **First Encounters** at The Zoo in Forest Park. I (and my child) agree to be bound by all rules and regulations established by the Forest Park Zoological Society operating the Zoo in Forest Park, and to use due care and caution while on the grounds of The Zoo.

I agree to hold harmless, the Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives for any and all injuries and damage (i.e. allergies, etc.) incurred by my child while on the grounds of the Zoo in Forest Park and in Forest Park during operating hours.

I hereby give Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives, the right to use the Applicant's name, picture or likeness in all forms and media and in all manners, including composite and distorted representations, for advertising, trade, or any other lawful purpose, and waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I am the parent or guardian of the applicant minor named above and have the legal authority to execute the above release. I have read this release and am fully familiar with its contents. I approve the foregoing and waive any rights in the premises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or mail completed registration forms to:

**The Zoo in Forest Park & Education Center**  
 P.O. Box 80295 | Springfield, MA 01138-0295  
 Phone: 413-733-2251, ext. 305 | Fax: 413-733-2330  
 Email: [education@forestparkzoo.com](mailto:education@forestparkzoo.com)