



**BERMUDA ZOOLOGICAL SOCIETY**  
*support charity for*  
**BERMUDA AQUARIUM, MUSEUM & ZOO**

**Winter Holiday Camp 2009 – 21<sup>st</sup> & 22<sup>nd</sup> December**

Primary 1 through Primary 6 (ages 5–10 years) in the Bermuda Government system or equivalent

**Our Winter Holiday Camp is a one day camp ~ 9:00 a.m. – 5:00 p.m.**

**Participants are eligible to attend one session (day) only.**

**APPLICATION DEADLINE: 1<sup>st</sup> December 2009**

**Applications processed on a first come first served basis.**

**Your application cannot be processed if you do not have a membership valid through 31<sup>st</sup> March 2010.**

**Please complete a separate form for each child**

Last Name (Child): _____		First Name: _____	
Date of Birth: _____		Male/Female (Please circle as appropriate)	
Name of School: _____		Year in School: _____	
Parent/Guardian's Name(s): _____			
Mailing Address: _____			
Postal Code: _____			
Home Tel. No: _____	Father's Work Tel. No: _____	Mother's Work Tel. No: _____	
Fax No: _____	Father's Cell No: _____	Mother's Cell No: _____	
Father's email: _____		Mother's email: _____	
BZS Membership No: _____		Expiry Date: _____	

**Please circle the answers to the following questions:**

Is your child on any medication? YES / NO (please list with reason)

Does your child have any special health needs? YES / NO.

If yes, please specify:

Does your child have any allergies? (e.g. bee stings, food, nuts, medications) YES / NO.

If yes, please specify:

Has your child been diagnosed with any behavioural, emotional or learning challenges? (e.g. ADD, Autism) YES / NO.

If yes, please specify:

**Please Note: If we do not receive detailed information, it will be difficult for us to give our highest level of care to your child.**

**Disclaimer**

- I understand that the Bermuda Zoological Society (BZS) and Bermuda Aquarium, Museum & Zoo (BAMZ) will endeavour to provide a safe environment for my child. However, I will not hold the BZS or BAMZ liable for any loss of possessions or personal injury to my child whilst he/she attends the camp.
- I understand that the camp programme includes field trips that require my child to be transported off the BAMZ facility. Transportation will be arranged in accordance with the Bermuda seat belt law and may include the BAMZ bus, taxis, minibus services or private cars. If I am unwilling for my child to travel by these means I agree that I will arrange other transportation to the field trip site or arrange alternative care for my child for the trip duration.
- I understand that some camp activity may include the watching of age-appropriate videos, either as an education activity that enhances the camp programme or as an alternative activity in the case of inclement weather.
- I understand that should my child's behaviour be too disruptive or challenging to manage within the camp group, I may be called to collect him/her and will not be eligible for any refund.
- I agree to sign out my child with his/her teacher at the end of each day or at any other time before removing my child from the BAMZ premises.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form (both pages) to the BZS Education Department**

**Fax: 293-4800 • Email: [education.bzs@gov.bm](mailto:education.bzs@gov.bm) (as an attachment)**

**Drop off at BAMZ Front Desk (Attention: Education Department) • Mail to: P.O. Box FL 145, Flatts, FL BX, Bermuda**



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**Camp Fee: \$65 per child ~ 9:00 a.m. – 5:00 p.m.**

Last Name (Child): _____ First Name: _____	
Please tick session required (one session per child):	Session 1 ~ Monday, 21 <sup>st</sup> December Session 2 ~ Tuesday, 22 <sup>nd</sup> December

**Your child's place will be confirmed once payment is received**

**Membership Form:** Please complete if you need to join/renew. Telephone 293-2727 x 121 with membership queries.

<b>BZS/ACP Membership Application</b>	<b>New Member</b>	<b>Renewal</b>	<b>BZS/ACP Member No.</b> _____
Last Name: _____		<b>Level</b>	
First Name(s): _____		Cedar \$2,500	
Mailing Address: _____		Palmetto \$1,000	
_____ Postal Code: _____		Longtail \$ 550	
Tel. Home: _____ Work: _____ Fax: _____		Cahow \$ 250	
E-mail: _____		Bermudiana \$ 150	
Children's Names:		Killifish \$ 55	
(under age 18 or in full-time education)		Killifish GRP \$ 55	
		(Killifish Grandparents)	

**Payment Form:** Camp fee and membership fee may be included in the same cheque.

Parent / Guardian Name: _____	BZS Member No. _____	
<b>Means of payment:</b> Note: If paying with cash at the Aquarium front entrance you must have the exact change. Cash            Cheque (payable to BZS)            Credit/Debit Card (Visa, Master)		
Credit Card Information:		
Credit Card No: _____ Expiry Date: _____		
Card Holder's Name (print clearly): _____		
Card Holder's Signature: _____		
<b>Course Fee \$</b>	<b>Membership Fee \$</b>	<b>Total Payment \$</b>

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