

## Teen Quest Registration Form *(Please Print)*

Name of Parent/  
Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

Participants Name: _____ Age: _____ Session 1 or 2? _____ Program Fee: _____ Participants Name: _____ Age: _____ Session 1 or 2? _____ Program Fee: _____ Participants Name: _____ Age: _____ Session 1 or 2? _____ Program Fee: _____
---

Member #: \_\_\_\_\_  
 Non-member Total \$: \_\_\_\_\_  
 Cash  Check  Mastercard  Visa  Discover  
Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

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

This must be completed and signed by parent or legal guardian  
**EMERGENCY INFORMATION - In case of an emergency CONTACT:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any special health conditions to be watched for such as  
allergies, reactions to drugs, etc.  
\_\_\_\_\_

Please read carefully and sign: In case of emergency or illness (when  
parent cannot be reached), I hereby give my permission to the Buffalo  
Zoo to secure treatment for my child (children).

Parent Signature: \_\_\_\_\_

Any additional information should be directed to the Education  
Department at 995-6128