



Tot Time Registration Form

Adult name _____

Child(ren) name(s) _____ Age(s) _____

Address _____

City _____ Zip code _____

Phone # _____ Alt. Phone # _____

Email _____

____ Check here if interested in receiving email updates on upcoming educational programming

Date(s) interested in attending: _____

LIABILITY RELEASE FOR "TOT TIME"

In consideration of being permitted to participate in Fresno Chaffee Zoo's "Tot Time," I agree to assume all risks connected therewith. I agree to release and discharge in advance, the City of Fresno and the Fresno's Chaffee Zoo Corporation, their officers, employees, and agents from any and all liability for personal injury, death or property damage connected with my participation.

I also authorize the Fresno Chaffee Zoo to use my child's photograph for educational and public relations purposes related to the Zoo.

I do not authorize.

Signed _____ Date: _____

How did you hear about "Tot Time"?

____ Zoo News ____ Zoo website ____ Parent Magazine ____ Totts Magazine

____ Flyer ____ Friend ____ Other _____

Completed registration form can be faxed to (559) 498-4859 or sent to
Fresno Chaffee Zoo - Education Department, 894 W. Belmont Avenue, Fresno, CA 93728

QUESTIONS? Call (559) 498-5920