



BZS Science Club Fall Term 2019

Dates of Club – October 19; November 2, 9, 16, 23; December 7

For children in Primary 6 to Middle School 3 or equivalent

This is a seven-week club running on Saturday mornings from 9:30 AM to 12:00 Noon

IMPORTANT NOTE:

This Club is only open to current, active Members of the BZS or the Atlantic Conservation Partnership (ACP) who have minimum of a Killifish Family Membership. If you are not a current, active Member you must sign up through our website first, then complete this Application, for how to sign up see page 3.

- **APPLICATIONS WILL BE PROCESSED ON A “FIRST COME FIRST SERVED” BASIS.**
- **BZS reserves the right to use photos taken during the Science Club in not-for-profit marketing promotions.**
- For information on the Science Club programming or registration, contact Alex Amat at activities@bzs.bm or call 293-2727 ext. 2133.
- Applications should be submitted via email to activities@bzs.bm or dropped off at the Shop at BAMZ Attention Education. All completed application forms must be returned by email or to the Shop at BAMZ no later than **12:00 Noon Friday, October 11, 2019**. Late applications will be considered if space is available.

When sending in your application(s), please take note of the following:

- **COMPLETE A SEPARATE FORM FOR EACH CHILD.**
- The Science Club is on Saturday mornings for seven weeks.
- The Disclaimer must be signed by a parent or guardian or the application will not be accepted.

APPLICATION DEADLINE: 12noon Friday, October 11, 2019

Refund Policy:

No refund for cancellations received after October 14, 2019.

Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Science Club.



BZS Science Club Fall Term 2019 - Application

Applications are processed on a first come first served basis.

Please complete a separate form for each child

My BZS Membership # _____ is valid to December 31, 2019. .

Last Name (child): _____ First Name: _____
 Date of Birth (Day/Month/Year): _____ Gender: Male Female
 School: _____ Current School Year _____
 Parent/Guardian Name(s): _____
 Mailing address: _____ Post Code: _____

 Home tel: _____ Mother's Work: _____ Father's Work: _____
 Mother's Cell: _____ Father's Cell: _____
 Parent's Email(to be used for camp correspondence): _____
 Child's Email (if Applicable): _____

To help us provide your child with a safe and meaningful experience, please complete the following information as accurately as possible. Use an extra sheet of paper if additional space is required.

Is your child on any medication? YES / NO.

If yes, please list medications 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:

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 Science Club programme may include 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, BZS boat, 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 activity may include the watching of age-appropriate videos, either as an education activity that enhances the 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 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: _____

Application Deadline - 12:00 noon Friday, October 11, 2019

Email: activities@bzs.bm (as an attachment) or Drop off to Shop at BAMZ (Attention: Education)

No refund for cancellations received after 12 noon October 14, 2019

Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Science Club programme.



BZS Science Camp Fall Term 2019 – Payment Form

If you are not a current, active Member you must sign up through our website first and then complete this Science Club application, see below for how to sign up through our website:

1. Go to the BZS website at: <https://bamz.org/home>
2. Click MEMBERS in the top menu bar
3. Click the + sign on the Membership level you would like to renew at, then click JOIN OR RENEW
4. Complete the online form. IMPORTANT If there is a 2nd Adult or Children under 21 included in your Membership it is important that after completing the form you click ADD ADDITIONAL MEMBERS at bottom of page and add 2nd Adult and Children’s information.
5. Then CONTINUE TO CHECKOUT.
6. Fill in your BILLING and CREDIT CARD details. Click to acknowledge TERMS & CONDITIONS, then SUBMIT.
7. Your transaction will immediately be processed and the THANK YOU FOR YOUR PURCHASE screen will appear, click CONFIRM ACCOUNT at top of page, your USERNAME is your email address, choose your own PASSWORD.
8. You will immediately receive an EMAIL from BZS confirming your renewal.

As all other payment options have now been discontinued, if you require assistance in processing your membership renewal, please contact info@ptix.bm or call 278-1500.

Science Club Fee: \$300 per child

Your child’s place will be confirmed once your Membership is confirmed and your Science Club payment is received and space is available (you will not be charged if there is no space).

Child’s Name: _____	BZS Member No.: _____
Means of payment: CASH, note if paying Cash you must have exact change. CHEQUE or CREDIT CARD	
<input type="checkbox"/> Credit/Debit Card (Visa, Master)	
Card Information:	
Credit Card No: _____ Expiry Date: _____ CVV: _____	
Card Holder’s Name (print clearly): _____	
Card Holder’s Signature: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	

Application Deadline 12 noon Friday October 11, 2019
Please return the form (both pages) to Education Dept at BZS
Email: activities@bzs.bm (as an attachment) * Drop off at BAMZ Shop (Attention: Education) *

No refund for cancellations received after 12 noon Monday, October 14, 2019

Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Science Club programme.