



# Rogers Beaver Creek Paddle Trip

## Participant Information:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

For this program, participants must be able to control their canoe.

Over 18: (Y/N) \_\_\_\_\_ If under 18 then age as of 06/24/17: \_\_\_\_\_

## Emergency Contact:

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Parent/Guardian's information: (\*if participant under the age of 18)

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Person who is responsible for child (if different than above) \_\_\_\_\_

Registration fee is priced per boat:  
With your own boat: \$15 Members/ \$20 not-yet-member  
Boat provided:  
Kayak: \$25 Members/\$30 not-yet-member  
Canoe: \$30/\$35 not-yet-member

Boat preference, circle one:

Have my own            /            Borrow a kayak            /            Borrow a canoe  
Sharing with \_\_\_\_\_

Important Information

- Life jackets are to be worn at all times
- No alcoholic beverages
- Illegal activities mandated by law are prohibited
- Agree to follow all instructions set forth by the guides
- Participants under the age of 18 must be accompanied by an adult over 18 years
- Participants under the age of 14 must be experienced to ride in a kayak

My signature below indicates that this registration form is correct to the best of my knowledge and I, my child(ren), dependent(s), and other minors herein described have permission to engage in all prescribed activities except those noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the adult leader in charge to contact 911 and secure emergency transportation (i.e. ambulance, Care Flight) for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I agree to follow the rules, regulations and policies implemented by Friends of Rogers and I understand that my failure to do so may result in me or my child being discharged from the program. I understand that payment is expected in advance. **I hereby consent to the use of my or my child's likeness in photographs, film, videotape or website for use in editorial, illustrated, or promotional purposes. I further certify by my signature that I have the legal authority to sign on behalf of the child.**

Signature of participant or parent/guardian:

\_\_\_\_\_ Date \_\_\_\_\_