



Rogers Paleontological Fossil Dig

Participant Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Over 18: (Y/N) _____ If under 18 then age as of 6/10/17: _____

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

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Person on trip who is responsible for child (if different than above) _____

Emergency Contact:

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Cost:

Per participant: \$6 Members/\$9 Non-Member
no fee for parents accompanying children

Are you a current member of the Friends of Rogers? Y/N _____

The caravan will be leaving the center parking lot at 9:00 am

Important Information

- No alcoholic beverages
- Illegal activities mandated by law are prohibited
- Children under the age of 18 must be accompanied by an adult over 18 years
- Agree to follow all instructions set forth by the guides

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 me 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 _____