



## 2018 SUMMER DAY CAMP REGISTRATION FORM

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to finish registration until all paperwork has been submitted.

Print completed registration form, sign all applicable pages & bring in or mail, with check if applicable, to:  
Royal Gorge Dinosaur Experience, 44895 Hwy 50, Canon City, CO, 81212

Pricing:	Member	\$50.00	Per camp	All 3 camps \$140.00
	Non Member	\$55.00	Per camp	All 3 camps \$155.00

(Discounting is not available or applicable through any offers)

\* Payment in full is required at time of registration

Camp Name:      **FUN WITH FOSSILS** 1st - 3rd grades, June 12th  
(please check)    **DINOSAUR DISCOVERY** 1st - 3rd grades, June 13th  
                         **GEOLOGY EXPEDITIONS** 1st - 3rd grades, June 14th

**FUN WITH FOSSILS** 4th - 7th grades, July 10th  
**DINOSAUR DISCOVERY** 4th - 7th grades, July 11th  
**GEOLOGY EXPEDITIONS** 4th - 7th grades, July 12th

**FUN WITH FOSSILS** 8th - 12th grades, August 7th  
**DINOSAUR DISCOVERY** 8th - 12th grades, August 8th  
**GEOLOGY EXPEDITIONS** 8th - 12th grades, August 9th

\* ALL CAMPS ARE 10:00 AM TO 4:00 PM DAILY

### ALL CAMPS INCLUDE:

- Morning snack - choice of water or juice, and granola bar
- Lunch - ham sandwich, chips, cheese stick, juice box or water, and fruit snack
- Afternoon snack- choice of water or milk, and cookie

Does your child have any food allergies? If yes, please list\_\_\_\_\_

### Child's Information:

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents email address: \_\_\_\_\_

## Parent/Guardian and Medical information:

1. Parent/Guardian Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency name:

Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Additional Information:

Authorized Person for pick-up (in addition to parents and emergency contacts)

\_\_\_\_\_

Person(s) NOT authorized for pick-up: \_\_\_\_\_

Does your child have any allergies to any food, medication or any other substances?  
If so, please list them here: \_\_\_\_\_

## Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

1. I understand that my child will not be released to any person(s) not listed on the enrollment form.
2. I understand that it is my responsibility to sign-in my child in the morning and sign-out my child before leaving in the afternoon.
3. Sign-in/Sign-out sheets are available as you arrive at the program area.
4. I understand that my child will not be allowed to leave the program with an unauthorized person.  
Any person authorized to pick up my child must be listed on this form.  
\*No phone authorizations are accepted (for safety reasons).
5. I understand that payment in full is required at the time of registration.
6. I understand that if the class does not fill to the required seats needed, then the class may be canceled, and my registration money will be refunded in full.
7. I understand that seating is limited in each camp, and will be on a first, come first serve basis.
8. I understand that if I cancel my child's registration, a \$25.00 processing fee will be non-refundable of the paid registration.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW

(Please Check Method of Payment)

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_

I authorize the Royal Gorge Dinosaur Experience to charge my credit card for registration payment.

I understand that I must provide written notice of cancellation.

If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing, one week prior to the date of the camp.

_____	_____	_____
NAME AS IT APPEARS ON CARD	AMEX MC VISA DISCOVER	CARD ISSUER (circle one)
_____	_____	_____
CREDIT CARD NUMBER	EXP. DATE	SIGNATURE OF CARD HOLDER
BILLING ADDRESS OF CARDHOLDER: _____		
CITY: _____	STATE: _____	ZIP: _____

## Statement of Authorization

1. In the case that your child becomes ill during the program, we will attempt to contact you as soon as possible.  
If the parent or guardian is unable to be reached, the child's emergency contact will be attempted to be notified.  
It is the responsibility of the parents or guardians to arrange for the child to be picked up from the Dinosaur Experience as soon as possible.
2. My signature below waives and/or releases the Royal Gorge Dinosaur Experience from any and all liability and/or financial responsibility for any Injury or medical expenses incurred.
3. The parent/guardian authorizes the application of sunscreen for his or her child by the staff.
4. The parent/guardian authorizes the application of insect repellent for his or her child by staff, if necessary.
5. If the child is not picked up at 3:00 pm at Camp closing, there maybe an additional charge.

By signing below, you are authorizing all of the above:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the programs, events, classes, and/or other activities, which may result from unavoidable accidents, or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities to or from my minor child(ren) or ward(s)' physical condition. I understand that the Royal Gorge Dinosaur Experience and its employees teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, tools, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/sponsored by the Royal Gorge Dinosaur Experience.

I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, all illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the Royal Gorge Dinosaur Experience and/or sponsored by the Royal Gorge Dinosaur Experience.

I also acknowledge that the Royal Gorge Dinosaur Experience often uses photographs, videotapes, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or

my minor child(ren) or ward(s) name and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, and promotional purchases without compensation.

#### RELEASE

In consideration of the Royal Gorge Dinosaur Experience allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the Royal Gorge Dinosaur Experience and/or sponsored by the Royal Gorge Dinosaur Experience I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Royal Gorge Dinosaur Experience agents, counselors, teachers, trainers representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities whether or not such loss, damage or injury results from the negligence of the Royal Gorge Dinosaur Experience and its employees, agents, or representatives or from some other cause. My agreement to release the Royal Gorge Dinosaur Experience does not include any loss, damage or injury that results from the Royal Gorge Dinosaur Experience gross negligence or willful, wanton, or reckless misconduct.

By signing below, you are agreeing to all of the above:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_