



Canyonlands Field Institute

P.O. Box 68 • Moab, Utah 84532

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SCHOOL/YOUTH GROUP PROGRAM REGISTRATION FORM

Please complete a form for each participant (copy if needed). Please type or print clearly in dark ink.

Name of School/Group: _____

Name: _____ Date of Birth: _____ Gender: M F

Purchase a **CFI Tee Shirt** to wear on your trip! Sm. Med. Lg. X-Lg.
\$20 each – supports educational programs. Please attach check to: Canyonlands Field Institute. Receive shirt on arrival.

Height: _____ Weight: _____ lbs
(For size of lifejackets & wetsuits)

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent's Phone: [H] (____) _____ - _____ [W] (____) _____ - _____ E-mail: _____

Other Emergency Contact: _____ Phone: (____) _____ - _____

Medical Insurance Company: _____ Policy #: _____

Insurance Company Address: _____ Insurance Phone: (____) _____ - _____

Health/Medical Information (*very important*)

Please list allergies and explain the severity of each (i.e. bee or other stings, medications, foods, dusts, pollens, plants, animals etc.)

Please list and explain any *current medications* you are taking.

Do you have any pre-existing medical conditions? Please explain.

Do you have special dietary needs or restrictions? _____
(NOTE: We can accommodate non-meat vegetarian diets; some special diets may require that the participant bring their own food.)

Sleeping Gear: _____ I will bring my own sleeping unit (sleeping bag & sleeping pad) and tent.

CFI Equipment Rentals are to be arranged and paid through your school or group only.

_____ I wish to rent a sleeping unit (sleeping bag & sleeping pad). _____ I wish to rent a two-person tent.

BEHAVIOR STANDARDS: Certain rules have been set for the safety and well being of all who are involved with Canyonlands Field Institute's programs. Your son or daughter will be expelled from the program and returned home or to the school at the expense of the parent/guardian if:

1. He or she takes a drug of any kind, unless under a doctor's prescription.
2. He or she takes an alcoholic beverage of any kind.
3. He or she is involved in sexual activities.
4. He or she is involved in an act of theft.
5. He or she is in the company of another student who violates these rules and fails to report it.
6. He or she fails to follow any other reasonable directive from an instructional person.

Because some of the outings may involve challenging situations, infractions of the slightest degree cannot be tolerated. Perception of the infraction will rest with the instructional staff and may be based upon evidence that was reported and not directly observed, or as in the case of drugs and alcohol, behavior that results from consumption. Should your son or daughter be involved, you and the school administration will be notified.

For all Participants and Parents of Minor Participants: I have accurately completed this Registration, and I have read, understand and agree to all terms and conditions, CFI rules, regulations and policies. Parent(s) of minors give his/her child permission to participant in all CFI program activities. Participant must sign and a parent or legal guardian must sign below if participant is under 18 years of age

Participant Signature / / Print name / / Date

Parent Signature / / Print name / / Date

Parent Signature / / Print name / / Date