

CENTER FOR ALASKAN COASTAL STUDIES

Box 2225, Homer, AK 99603 * (907) 235-6667 *fax: (907) 235-6668 * info@akcoastalstudies.org

2011 Whale Camp Enrollment and Permission Form

(This form may be printed out and mailed or faxed to us. You may also email registrations and phone in a credit card number or mail in a check separately)

To Register: Fill out this two-sided enrollment and permission form. Mail, fax or email completed registration along with camp and other optional fees to address above. Make checks payable to **CACS**. The full payment is required to reserve your space. Cancellations will be refunded within 30 days of first day of camp.

Name _____ Age _____ Male__ Female__

Parent's Name _____

Address _____

City, State, Zip _____

Phone Number _____ (day) _____ (evening) _____ (cell)

Check one _____ July 29-31 \$265 (*two overnights in Seldovia*)
_____ July 31, \$150 Parent Whale Watching Cruise Only

Will a chaperone be attending the camp with the camper? YES or NO (please circle one).

Please call the main office if a chaperone is planning on participating, as space is limited. Chaperone fee for overnight at Peterson Bay Field Station is \$250 (this covers the cost of round-trip boat transportation, food and whale watching cruise).

Our Whale Camper automatically becomes a Junior Member to the Center for Alaskan Coastal Studies for one year. With this membership they gain free access to the Wynn Nature Center, special invites to members-only outings, and our bi-annual *Coastlines* newsletter. Would you like to receive this mailing by MAIL or EMAIL (please circle one). If email, please give us your email address: _____

Fee for Whale Camp includes a CACS Whale Camp t-shirt. Please indicate the size needed for your camper:

Camper shirt size: *Youth* XS S M L *Adult* S M L XL

Circle all fees that apply:

- \$265 Whale Camp Fee (Includes Camp T-shirt)*
- \$250 Parent Chaperone Fee*
- \$150 Whale Watching Cruise Fee – July 31 Only- non-chaperoning parent*

Total check amount: _____

NOTE: PERMISSION AND MEDICAL INFORMATION ON RESERVE SIDE MUST BE COMPLETE

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PARENT PERMISSION FORM

I understand the program will be conducted by trained naturalists on the CACS staff. The Whale Camp sessions will take place in Seldovia, Alaska. Boat transportation to and from Seldovia will be by a fully licensed charter vessel.

I will provide transportation to the CACS Headquarters Bldg on July 29 at the designated drop-off time. Campers will be transported to the Homer Harbor by CACS staff.

I give permission for the use of photographs, videos or audio clips including my child in camp for the Center for Alaskan Coastal Studies outreach and publications.

Allergic Reactions: None Bee/Hornet Sting Penicillin Other_____ (Please circle all that apply). If child is allergic to bee/hornet stings, child must bring emergency treatment kit.

I grant my permission for my child to participate in the safe tasting of wild edibles while participating in this program. I understand that my child may be tasting wild plants that may include, but is not limited to, blueberries, watermelon berries, crow berries, salmon berries, wild currant, trailing raspberry, chocolate lily bulbs, fireweed, oyster leaf, beach greens, wild violet, wild geranium, dandelion leaves, lovage, wild mustard, wild rose, wild onion/chive, sorrel, and beach plantains. I know of no known allergies that my child has to any of these plants.

My child has a known medical condition for which he or she is being treated, which could result in an emergency. (Yes/No) If yes, please specify:

Does your child have any special diet restrictions or food allergies? If so, please specify:

I give consent for emergency treatment to be administered to my child if necessary.

Emergency Contact person if Parent/Guardian cannot be located:

Emergency Contact Phone (s):_____

Family Doctor: _____

I have read the above information and give consent for my child,_____ to participate in the Whale Camp program conducted by the Center for Alaskan Coastal Studies.

Parent/Legal Guardian Signature:

_____ Date: _____

Parent/Guardian contact phone number _____ (day)
_____ (evening)
_____ (cell)