

CENTER FOR ALASKAN COASTAL STUDIES

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

**Teen Eco-Adventure Youth Environmental Stewardship (YES!) 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 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)

Session: July 19 – 23, 2010: Food for the Future

Our YES! Campers automatically become 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: _____

Optional: YES! Campers can purchase a CACS t-shirt for a discounted price of \$12. Would you like to purchase a T-shirt for your child? The shirt can be picked up during the week of the camp.

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

Circle all fees that apply:

\$300 YES! Camper Fee

\$12 Camp T-shirt Fee

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 from the CACS staff. Boat transportation to and from Peterson Bay will be by a fully licensed charter vessel.

I will provide transportation to and from the boat Homer Boat Harbor to pick-up and drop-off my camper.

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.

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:

My child will be taking prescription or over-the-counter medication during the camp. (Yes/No) If yes, please specify below. All medications should be given to camp staff with instructions for dispensing it.

My child has special diet restrictions or food allergies. (Yes/No) 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 YES! Camp program conducted by the Center for Alaskan Coastal Studies.

Parent/Legal Guardian Signature:

_____ Date: _____

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