



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

2012 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** or call the office with credit card information. The full payment is required to reserve your space. Cancellations will be refunded within 30 days of first day of camp.

Please Print:

Name _____ Age _____ Male _____ Female _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ @ _____

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

Please select your camp below:

X	Camp Name	Dates	Cost	Location
	Jr. Naturalist Summer Camp	July 16-19	\$265	Wynn/Peterson Bay
	Marine Mammal Mysteries	June 4-8	\$400	Peterson Bay Field Station
	EcoTeen: Communicating Climate Change	June 18-23	\$530	Peterson Bay Field Station
	EcoTeen: Sustainable Foods	August 6-11	\$530	Peterson Bay Field Station

Will a parent chaperone be attending the camp with the camper (Jr. Nats Only)? Chaperone fee for overnight at Peterson Bay Field Station is \$100 (this covers the cost of round- trip boat transportation and food).

Please circle one: YES/NO

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 updates on new programs. Would you like to receive this mailing by **MAIL** or **EMAIL**?



Your camp fee includes a CACS t-shirt.

Please designate the size for your camper: Youth XS S M L Adult S M L XL

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



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PARENT PERMISSION FORM

I understand the program will be conducted by trained naturalists on the CACS staff. Camp sessions will take place at the CACS Carl E. Wynn Nature Center and the CACS Field Station in Peterson Bay. Boat transportation to and from Peterson Bay will be by a fully licensed charter vessel.

Campers will meet at the CACS Headquarters Building. Transportation will be provided by CACS to and from the Carl E. Wynn Nature Center. Pick up will be at the CACS Headquarters Bldg on the first day of camp.

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. _____ (please initial)

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. _____ (please initial)

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 summer camp program conducted by the Center for Alaskan Coastal Studies.

Parent/Legal Guardian Signature:

_____ Date: _____

Parent/Guardian contact phone number:

_____ (day) _____ (evening) / _____ (cell)