



CENTER FOR ALASKAN COASTAL STUDIES

708 Smokey Bay Way, Homer, AK 99603 * (907) 235-6667 *fax: (907) 235-6668* info@akcoastalstudies.org

Enrollment and Permission Form

Please Print:

Participant's Name _____ Age _____ Male _____ Female _____

Guardian's Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ @ _____

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

PARENT PERMISSION FORM

PARENT AUTHORIZATION: I hereby declare my child to be physically sound, having medical approval to participate in the activities of CACS. This is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I further understand that neither the Center for Alaskan Coastal Studies nor any of its paid staff or volunteers can be held responsible in the event of an accident. I also certify that my child is amenable to discipline and free from habits or attitudes which would make him/her an undesirable participant. _____ *Initial*

TRANSPORTATION AGREEMENT: I understand that my child will be using van and/or boat transportation for field trips. I give permission for my child to travel by the above methods with Center for Alaskan Coastal Studies staff. I understand that only licensed and qualified personnel will operate any vehicle to and from sites, and there will be at least one staff member present at all times. I agree to release the Center for Alaskan Coastal Studies staff from any and all claims of damages, demands, or liabilities, which may arise as a result of my child's participation on these trips. Participants will meet at the CACS Headquarters Building. Pick up will be at the CACS Headquarters Building unless otherwise arranged with staff. _____ *Initial*

WILD EDIBLE AGREEMENT: 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 or other foods. _____ *Initial*

EMERGENCY AUTHORIZATION: I authorize any representative of the Center for Alaskan Coastal Studies to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is not time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by the agency to provide the necessary care and treatment for my child. *I give consent for emergency treatment to be administered to my child if necessary.* _____ *Initial*



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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:

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.

Please list any known food allergies:

Emergency Contact person if Parent/Guardian cannot be located:

Emergency Contact Phone: _____ **Family Doctor:** _____

Please list any additional information about your child that could be helpful to our staff:

RELEASE: In consideration of my child’s participation in the CACS activities, I do hereby agree to hold free from any and all liability the agency and its respective offices, employees, and members and do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child’s participation in any of the activities of CACS _____ *Initial*

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

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

Parent/Legal Guardian

Printed Name _____ Signature: _____ Date: _____

Parent/Guardian contact phone number:

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

- Have any questions? Call (907) 235-6667 or info@akcoastalstudies.org