

<p><u>For Office Use Only:</u> Check number: _____ Date: _____ Amount: _____ Deposit or Full Payment: _____</p>

Registration Form

Registration Form for: **Coyote Camp 2017 at Ocean Song Farm and Wilderness Center**

If you have multiple children attending, please complete a separate form for each child.

Child's Name: _____ Birth Date: _____

Parent (s) Name (s): _____

Address: _____ City, State: _____ Zip: _____

Phone # Home _____ Cell/Mobile: _____

Work: _____ E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Phone #: _____

Which week(s) is your child attending the program?

Wk 1 (6/26 - 6/30) Wk 2 (7/3-7/7) Wk 3 (7/10-7/14) Wk 4 (7/17-7/21)

Wk 5 (7/24-7/28)

Will your child be attending the overnight(s)? (*for children ages 9-12 years) Wk 2: July 6 Wk 3: July 13

Will your child be attending the ropes course? (*for children ages 10-12 years) Wk 3 Wk 5

How did you hear about this program?: _____

Is your child a new or returning camper?: _____

Carpooling List

I am interested in being part of a carpool list. I authorize Coyote Camp to list my name, phone number, and city of residence on a Coyote Camp carpool list. This list will only be distributed to registered Coyote Camp families who have agreed to be on the list. The purpose of this list is ONLY to help with the formation of carpools for Coyote Camp families and will not be used for solicitation or other purposes.

Parent or Guardian Signature.....

Add me to the list and send me the list via e-mail

Add me to the list and send me the list to my address with the camp newsletter at beginning of June.

Photo release

I hereby assign and grant to the Coyote Camp the right and permission to use and publish the photographs made of my child/children.

Parent or Guardian Signature.....

Swimming Skills

Please check the boxes that apply. If you check “my child is allowed to swim in deep water without a life vest,” your child will be asked to take a short swim test with the lifeguards prior to swimming in the deep water without a life vest. If he/she has taken the swim test before and has passed, he/she does not need to take it again. We will always have 2 certified lifeguards at the pond during swimming activities. Please let your child know what his/her swimming option will be.

My child is allowed to swim in deep water without life vest

My child is allowed to swim in deep water only with a life vest

My child is only allowed to swim in shallow water with a life vest

My child is only allowed to swim in shallow water, but does not have to wear a life vest

Other comments.....

Payment Information

Register by May 1st: \$290-\$400 per child/ per week. Register after May 1st: \$325-\$400 per child/per week (sliding scale). If you’re paying the early registration fee, the full tuition is due by May 1st. Otherwise, all final payments are due by June 19th, 2017. **A \$20 late fee will be charged to payments made after this date.** Please choose a fee within the sliding scale according to your income. We rely on some people paying at the higher end to meet our budget. The overnights are an additional \$65 per child/per night and the ropes course is an additional \$65 per child/per week.

A \$60 non-refundable deposit for each week is due with registration. Receive a 5% discount if you register more than one child or register for multiple weeks. Partial scholarships may be available, contact Annie Klein for details.

An information package will be sent to you by early June. You will receive an e-mail confirmation of your registration once we receive your deposit. If you do not use e-mail, we will confirm your registration by phone.

Payment includes (*check all that apply*):

Deposit Full Payment Overnight(s) Ropes Course 5% Discount

Amount Enclosed: _____

We accept cash or checks. Please make checks payable to Ocean Song and indicate Coyote Camp on check and mail forms and check to: Ocean Song, Attn: Coyote Camp, P.O. Box 659, Occidental, CA 95465

Coyote Camp 2017 Waiver Form

I approve of my child's attendance at the Coyote Camp and certify that he/she is in good health and able to participate in the program activities. I am attaching a statement explaining special physical limitations and/or required medication, and am listing allergies, asthma, diabetes, restricted activities, etc., that my child suffers with. In further consideration of Coyote Camp's acceptance of this application, I/we hereby agree to save and indemnify and keep harmless Coyote Camp, Ocean Song Farm and Wilderness Center, and EarthWays Foundation, their agents, and employees, and the property owners, Andrew Beath and Jodi Evans, against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the participant(s) during or as a result of any course given the participant of Coyote Camp.

Although Coyote Camp has taken reasonable steps to minimize risks for participants, I/we recognize that certain inherent risks are involved in Coyote Camp activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc, which could result in scratches, bruises, sprains, fractures, concussions, or even more life threatening hazards. I/we are aware of the risks to participants these activities entail, that this list is not complete and that other unknown or unanticipated risks may result in injury or death. I/we agree to resume responsibility for risks herein identified and those not specifically identified. My child's (My) participation in this activity is completely voluntary. I/we assume full responsibility for myself and my children for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my own negligence in participating in these activities

I have read, understood, and accepted the terms and conditions of this document and acknowledge this agreement as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors.

Parent or Guardian Signature

Print Name

Date

Phone number (home and work)

Participant's Name (Print): _____

Participants Age _____ Date of Birth _____ Sex _____

INSURANCE

Coverage for accidental injury is required by all participants. Please complete the health care information below:

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

Please list any dietary restrictions and/or medical issues of your child(ren) that we should be aware of: _____

MEDICAL TREATMENT AUTHORIZATION

I/We being the legal guardian(s) of the above participant, authorize the Coyote Camp and its agents, permission to request medical treatment as necessary or to transport the minor to a medical facility to insure the wellbeing of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation, and that once that minor is in care of medical personnel or hospital, Coyote Camp shall have no further responsibility for the minor.

Parent or Guardian Signature: _____

Date: _____