

COASTAL CAMP REGISTRATION FORM

Online registration is easy at www.CoastalCamp.org.

Use one form per camper. Photocopy or download additional forms at www.CoastalCamp.org. Fax completed form to (415) 480-1321 or mail to:

Headlands Institute
Attn: Coastal Camp
1033 Fort Cronkhite, GGNRA
Sausalito, CA 94965

GENERAL INFORMATION

Camper Name _____ Gender: M F

Birthdate _____ Age _____ Grade in fall _____

School Name _____

Parent/ Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Alternate Phone _____

E-mail Address _____

Camper's T-shirt Size: *Youth* XS S M L XL *Adult* S M L XL 2XL

How did you hear about Coastal Camp at Headlands Institute? _____

I am interested in joining a carpool. Please give my phone number to other local interested parents.
___ Yes ___ No Thanks.

Buddy Requests (Please list friend's name and grade)

1 _____

PAYMENT DETAILS

___ Check payable to Headlands Institute

Credit Card: ___ Mastercard ___ Visa

Cardholder Name (*as it appears on card*) _____

Card Number _____ Exp. Date _____

SUMMER CAMP REGISTRATION

Camp name	Session dates	Session fee	Shuttle (indicate AM or PM) SF <input type="checkbox"/> \$65 roundtrip \$32.50 AM / PM Sausalito <input type="checkbox"/> \$50 \$25 AM / PM Mill Valley <input type="checkbox"/> \$65 \$32.50 AM / PM	Extended morning care 8 to 9:15 a.m. \$8 each day	Extended afternoon care 3:30 to 5:30 p.m. \$13 each day	Total fee for session and financial options
			Y/N	M T W T F	M T W T F	
			Y/N	M T W T F	M T W T F	
			Y/N	M T W T F	M T W T F	
			Y/N	M T W T F	M T W T F	
			Y/N	M T W T F	M T W T F	

*Please note: Shuttle prices for Art Expedition, week of July 5-8
SF & Mill Valley \$52/ round trip \$26/ one way
Sausalito \$40/ roundtrip \$20/one way

Total enrollment fee _____

Donation to Camp for Every Kid scholarship _____

Total charge _____

MEDICAL INFORMATION

Physician/ Healthcare Facility _____ Phone _____

Insurance Company _____

Insured's Name _____ Policy No. _____

Check if applicable; list duration, treatment, and/or restrictions.

Pertinent Medical History

___ Diabetes

___ Asthma

___ Heart trouble

___ Bleeding/ clotting disorders

___ Other _____

Explanation:

Allergies

___ Bee stings

___ Medications

___ Food or Drink

___ Other _____

Explanation:

Is you child a vegetarian? ___ Yes ___ No Date of last tetanus booster _____

Please list: Food restrictions _____

Medication (over-the-counter and prescription) _____

Emotional, behavioral, or learning disabilities: _____

Restriction on physical activity:_____

EMERGENCY CONTACT/ PICK-UP AUTHORIZATION

(include your name and spouse/partner name)

Name_____ Relationship_____

Home #_____ Work #_____ Cell #_____

Name_____ Relationship_____

Home #_____ Work #_____ Cell #_____

AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN

I agree the above information is correct to the best of my knowledge, and I authorize Headlands Institute (HI) staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that HI will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, HI will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize HI staff who have received appropriate training to (1) dispense HI approved "over the counter" medication; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction; and (3) administer camper's prescription medication as prescribed by a physician. This administration is under the direction of NatureBridge's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

Signature of Parent/Guardian_____ **Date:**_____