



THE CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER

GIS SUMMER CAMP APPLICATION FOR YOUTH

Please return completed form to Anthony. Please apply as soon as possible to 5250 Aero Drive, Santa Rosa, CA 95403, or email Anthony@cimcc.org or fax us at (707) 579-9019. We look forward to your participation!

Name _____
(first) (last) (middle)
Age _____ Grade _____ Under 18? Circle **Y** or **N** (if yes, please have parent/guardian fill below)

Contact Information:

Phone Number _____ Email _____

Address _____

Parent/Guardian Contact Information: (leave blank if same as above)

Name _____
(first) (last)

Phone Number _____ Email _____

Address _____

Tribal Affiliation (if any) _____

Do you have any previous GIS experience? Circle **Y** or **N**

Why are you interested in participating in the GIS Summer Camp? _____

Which camp sessions are you available to participate? (CIRCLE) JUNE 23-27 AUGUST 4-8
Priority will be first come-first served (up to twenty participants). Please note your preferred session:

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

California Indian Museum at: (707) 579-3004,
e-mail us at **cimandcc@aol.com**
or visit our Website at **www.cimcc.org**



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EMERGENCY AND MEDICAL INFORMATION This section must be complete including parent/guardian signature in order to be registered.

Mother's Name _____ Work # _____ Home # _____

Father's Name _____ Work # _____ Home # _____

Designated Responsible Adult other than parents: _____

Relationship to Child _____ Phone # _____

Name of Child's Health Plan _____ Membership # _____

Family Physician _____ Phone # _____

Special Needs or physical conditions? Yes ☐ No ☐

If yes, please explain _____

Medical problems, including allergies or special medications? Yes ☐ No ☐

If yes, please explain _____

In the event of a health related emergency, I authorize a staff member of the California Indian Museum and Cultural Center to take my child either to the above named physician or the nearest Emergency Hospital for treatment and emergency measures deemed necessary for the safety and protection of my child. **As a parent, I agree to be responsible for costs to repair and CIMCC equipment damaged by my child, either intentionally or through reckless behavior.**

Signature of Parent or Legal Guardian _____ **Date** _____

If your child lives in two homes please supply copies of all information to their other residence. It is a possibility that a photo of your child may be used on our brochure or web site. No names will be used on any photo or image of a child . If you object , please check the box ☐

California Indian Museum at: (707) 579-3004,
e-mail us at **cimandcc@aol.com**
or visit our Website at **www.cimcc.org**