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
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 ☐