



CAMP COYOTE 2010



Marin Museum of the American Indian

P. O. Box 864 * 2200 Novato Boulevard
Telephone: (415) 897-4064/fax (415) 892-7804
Novato, CA 94948

Camp Session/Dates desired: ➤ Session #1 ➤ Session #2 ➤ Session #3

Campers Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent's Name _____ Home Phone _____

Work or cell# _____

Parent's Name _____ Home Phone _____

Work or cell # _____

Emergency Contacts (In addition to parents, please list two other individuals)

1. _____ Phone _____

2. _____ Phone _____

Doctor's Name _____ Phone _____

Health Plan ID# _____ Hospital _____

Does your child have any allergies? Please list: _____

Does your child have other medical conditions? _____

Does your child take any medications? _____

Is your child allergic to any medications? _____

How did you hear about Camp Coyote? _____

If you chose to pay by credit card (VISA or MasterCard ONLY)

Number _____ Expiration Date _____ Amt. _____

Total cost of the camp is \$275.00

PLEASE MAKE CHECKS PAYABLE TO:
Marin Museum of the American Indian Or: MMAI

RELEASE

Parental Consent For Treatment of a Minor

Camper's Name _____

I authorize the Executive Director of the Marin Museum of the American Indian or his/her authorized agent to consent to any medical treatment and/or hospital care, which is rendered to the minor named above, under the supervision of any physician licensed under the California Medical Protective Act. The authorization is given pursuant to the provision of Section 25 of the Civil Code of California. In addition of the above, I grant permission for the above named minor to participate in all program activities unless otherwise indicated in writing. It is the responsibility of every individual, his or her parents, or legal guardian to provide for his or her accident and health coverage while participating in all Museum activities. Marin Museum does not provide any accident coverage for their members or guests.

The following persons are authorized to transport my child, including sitters.

Names of persons allowed to pick up and transport your child

Parent/Guardian Signature

Date

Camp Dates: **Session I** - 7/12/10 - 7/16/10
 Session II - 7/26/10 - 7/30/10
 Session III - 8/9/10 - 8/13/10

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