



The Children of the Earth Foundation
COYOTE TRACKS PROGRAM
 Registration 2009



■ **SECTION I: Family/Student Information**

Family Last Name(s) _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Home Phone _____ Email _____

In the effort of reducing paperwork, we will send program follow-up information to the e-mail address provided above. Please check here if you prefer it to be sent by regular mail instead: _____

■ **SECTION II: Individual Participant Information - Complete for ALL persons attending.**

MINOR participant name(s)	Gender (circle)	Age at start of camp	Birth date
	M F		/ /
	M F		/ /
	M F		/ /
	M F		/ /
ADULT participant name(s)	Gender (circle)	Relationship to minor(s) listed above	
	M F		
	M F		

■ **SECTION III: Contact Information**

1) Parent/Guardian Name _____ Cell Phone () _____
 Work/Other Phone () _____ Email _____
 2) Parent/Guardian Name _____ Cell Phone () _____
 Work/Other Phone () _____ Email _____
 3) Emergency Contact _____ Relationship _____
 Home Phone () _____ Cell Phone () _____
 Work Phone () _____ Preferred Email _____

■ **SECTION IV: Travel Information - Detailed travel info will be sent upon receipt of your registration.**

I/we plan to arrive at Coyote Tracks by: Car _____ *Airline _____ **Other _____

* Please refer to the transportation instructions within your program follow-up info *prior to making any flight arrangements*. **Flight details must be sent to our office at least two weeks prior to your arrival!**

** Other travel plans may require follow-up with our office prior to your arrival. Details will be provided in your program follow-up information.

■ **SECTION V: Program Registration** - *Please list each program separately.*

Program Title	Location	Program Dates	Participant Name(s)	Deposit (per person)	Total Deposit
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<p>*LATE FEE: Registrations are due at least one month in advance of your program. Any registrations received less than one month prior to the beginning of the program will be charged an additional \$30.</p>				<p>Total Deposit Enclosed:</p>	<p>\$</p>

■ **SECTION VI: Bridge Program** – *Only applicable to certain locations. See website for details.*

The Bridge Program allows participants that are attending two or more consecutive programs to stay over at camp during the interim between classes. **Please note that fees associated with Bridge are separate from program tuition and will be due along with the balance two weeks prior to the program:**

- ◆ UNACCOMPANIED MINORS: \$70/person - Includes supervision, camping, meals, activities & laundry.
- ◆ FAMILY: \$35/person - Includes camping, meals and all-camp activities ONLY.

Bridge Program Dates	Participant Name(s)	Fee (per person)	Total Fee
		\$	\$
		\$	\$

■ **SECTION VII: Payment Information**

Make checks payable to *The Children of the Earth Foundation*. Please note, the balance is due two weeks prior to camp and is required to ensure your position(s) in camp. Please see our cancellation policy for information on refunds and credits. **If you would like to receive a confidential financial assistance application, please check here:** ___

Payment Method: Check Money Order Credit Card Credit Card: Visa Mastercard American Express Discover

Card Number _____ Exp. Date _____

Signature _____ Amount _____

⇒**Automatic Balance Payment** -- If you would like to be automatically charged your balance two weeks prior to camp on the credit card provided above, please initial here: _____

MEDICAL FORM
(must complete for each participant)

Name _____ Date of Birth _____

Primary Physician _____ Phone (____) _____

Medical Insurance Company _____ Policy Number _____

Medical History

Please list any:

Allergies to Food(s): _____

Allergies to Medication(s): _____

Other Allergies: _____

Describe reaction and treatment of these allergies: _____

Please check all that apply to the participant:

_____ Recent injury or illness

_____ Chronic or recurring illness/condition

_____ Frequent headaches

_____ Wear glasses or contacts

_____ Frequent ear infections

_____ Ever had seizures

_____ Ever had high blood pressure

_____ Have diabetes

_____ Have asthma

_____ History of sleepwalking

_____ History of bed-wetting

_____ Eating disorder

_____ Diagnosed with ADD or ADHD

_____ Emotional/psychological difficulties for
which professional help was sought

_____ Other medical conditions

Please explain all items that are checked or any other issues for which you would like us to be aware:

Immunization Voucher

Please check one:

My child is enrolled in public school and fully immunized.

My child is exempted from immunization for medical reasons.

My child is exempted from immunization for religious reasons.

Medications: Please list ALL medications, including nonprescription drugs, that will be taken at camp.

Please bring enough medication to the last the entire time at camp and keep it in the original packaging.

Medication 1 _____ Dosage _____ For _____

Specific time(s) take each day or condition _____

Medication 2 _____ Dosage _____ For _____

Specific time(s) take each day or condition _____

If person is a minor attending without adult:

I give permission for Children of the Earth Foundation personnel to administer these medications as indicated above:

Signature of Parent/Guardian _____

Dietary: Please indicate any special dietary need:

Vegetarian

Vegan

Other: _____

CONDITIONS OF PARTICIPATION

RELEASE AND WAIVER OF LIABILITY: In all programs conducted by The Children of the Earth Foundation (hereinafter COTEF), reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that survival, tracking, awareness and philosophy training, even under the safest conditions, has inherent dangers and I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependant children that might arise directly or indirectly as a result of participation in any COTEF program. I hereby expressly release, discharge and hold harmless from any liability whatsoever, COTEF and all employees and volunteers in their capacity as representatives of COTEF, expressly including the Board of Directors of the COTEF, except for injuries caused intentionally, or by willful misconduct.

PROPERTY LOSS: I understand COTEF is not responsible for a participant's personal property that is lost, damaged or stolen during the course of a COTEF program.

INSURANCE: I understand that it is my responsibility to provide for my own, and any other members of my family if applicable, accident and health coverage while participating in COTEF programs. COTEF does not provide any accident and health insurance for its participants.

MEDICAL RELEASE: I authorize COTEF, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize COTEF to give first aid, CPR or other treatment by a qualified staff member.

PHOTGRAPHS: I authorize COTEF to have and use photographs or video of my child/ren or myself as may be needed for its records or public relations projects.

ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns.

Signature of all adult participants and/or parent/guardian of minor participants:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Mail completed registration packet with deposit to:



The Children of the Earth Foundation
P.O. Box 607
Waretown, NJ 08758
Or fax to: (609) 971-1722

Upon receipt you will receive confirmation and a packet including directions, equipment lists and other helpful information to help prepare for camp. If you have further questions, contact us at (609) 971-1799 or info@cotef.org