



# Center for American Archeology

## Fall Adult Field School Application

### September 12-25, 2021

Please complete and return by email (education@caa-archeology.org) or by mail to

Fall Adult Field School  
Center for American Archeology  
PO Box 366  
Kampsville, IL 62053

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Program Rates:** 1 Week: \$700 2 Weeks: \$1400

**Check all weeks you plan to attend:**

September 12-18  September 19-25

**Transportation Options:**

Lambert-St. Louis International Airport (STL)

Alton Illinois Amtrak Station (ALN)

I will not require transportation

Roundtrip (\$40)

Oneway (\$20)

Roundtrip (\$30)

Oneway (\$15)

**Tuition Due:** \$ \_\_\_\_\_

**Transportation Fee:** \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Deposit (30%):** \$ \_\_\_\_\_

**Scholarship Applicants:** If you are applying for the Women in Archeology Scholarship or Kampsville Legacy Scholarship, **do not** include a deposit with your application. We will contact scholarship applicants after applications have been reviewed.

**Check One:**  30% deposit enclosed  I have paid in full

**Payment Method:**  Check/Money Order  Visa  MasterCard  Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**Online Payment:** You may pay online through PayPal. Go to <https://www.caa-archeology.org>, scroll to the bottom of the page, and click on the PayPal Donate button. Enter the students' name and program in the "special instructions to seller" section.

**Refund Policy:** You will receive a 75% refund if cancellation occurs 14 days or more before the start of the program. A 50% refund is made for cancellations less than 14 days before the start of the program. No refunds are offered after the start of your program. Sunday is the program start day for all weeks of field school.

### FOOD AND DIET INFORMATION

**Diet.** Check all that apply.

- vegetarian                       vegan                       other food restriction (provide details below)

**Allergies.** Check all that apply.

- lactose intolerant                       milk & dairy (lactose) allergy                       eggs                       fish  
 shellfish                       wheat                       gluten intolerance                       soy  
 peanuts                       nuts/seeds                       other (provide details below)

**Food Restrictions Details.** Please provide appropriate details for any food restrictions and/allergies indicated above. If you have significant food restrictions, please indicate what they will be able to eat for each meal while participating in the field school.

### MEDICAL INFORMATION

**Allergies.** Check all that apply. Provide details as necessary.

- Insects     Pollen  
 Medication     Other  
 I carry an EpiPen

**Medical Care.** Check all that apply. Provide details as necessary.

- I have asthma. Students with asthma must bring appropriate medications/inhalers.  
 I take daily medications.

This medication makes me sensitive to:

- Sunlight                       Heat                       Certain foods                       Other

**Please list all medications and dosage information below. Should you forget to take medication, please provide specific information about what steps should be taken by CAA staff.**

**Date of last tetanus shot:** \_\_\_\_\_ (required)

**If you have any physical or medical condition we should know about or that would impact your participation in the program, please provide details below.**

## EMERGENCY CONTACTS

Emergency Contact Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Policyholder \_\_\_\_\_

Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone \_\_\_\_\_

## MEDICAL EMERGENCIES

If staff members of the Center for American Archeology are unable to contact a parent, guardian, or designated emergency contact at the time of illness, accident, and/or emergency, I give permission to be taken to the nearest hospital or medical center for emergency treatment. Parents/guardians/students will be billed for costs related to medical treatment incurred during field school.

## ASSUMPTION OF RISK

Participants and parents/legal guardians of minors are hereby given notice that participation in education programs at the Center for American Archeology is likely to include a variety of outdoor activities, including, but not limited to hiking, gathering (clay, grasses, wild foods), thatching, flintknapping, and pottery production. Participants in excavation programs are involved in manual labor and will use common excavation tools, e.g. shovels, trowels. Field conditions are sometimes uncomfortable and may be hazardous. Participants may be transported in buses, trucks, automobiles, vans, and ferries.

In consideration of permission from the Center for American Archeology (CAA) to participate in its education and/or excavation programs, and for other valuable consideration, the undersigned and his/her personal representatives, assigns, heirs, and next of kin fully release the CAA and their employees, agents, successors, assigns, and all persons directly or indirectly liable, from any and all claims resulting from any loss, damage, injury, or death sustained by the Participant arising out of: (1) ownership, operation, use, maintenance, or control of any vehicle; (2) use of any facility; (3) use of any equipment; (3) participation in any activity; and (4) any pre-existing physical condition or disability of the Participant.

## PERMISSION TO PHOTOGRAPH AND/OR FILM

I understand and agree that the Center for American Archeology (CAA) may photograph or film the Participant and use his/her image in education and/or recruiting material, including but not limited to web pages, slide presentations, brochures, or flyers. It is the CAA's policy to never identify students by name in photos that appear in our materials.

**Check one:**     I grant permission to photograph and/or film     I **do not** grant permission to photograph and/or film

Participants Name (Print) \_\_\_\_\_

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_