

Center for American Archeology and McCully Heritage Project 2nd-4th Grade Eco Adventure Day Camp Application

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



Eco Adventure Day Camp Center for American Archeology PO Box 366 Kampsville, IL 62053

Student's Name				Gender	Age
Address					
City				State	ZIP
Parents' Phone			Parent's Email		
Program Rates:	1 Day: \$25	2 Days: \$50		3 Days: \$70	
Check all days you	plan to attend:				
	June 4	June 5		June 6	
			Tuition Due	: \$	
Payment Method:	Check/Money Order	F	PayPal		

Tuition Payment: A 30% tuition deposit or full tuition is due to the CAA upon enrollment. Once enrolled, you will receive an invoice for your tuition from the CAA. You may pay either via check/money order or using PayPal here: www.caa-archeology.org/donate/

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.

MEDICAL INFORMATION Allergies. Check all that apply. Provide details as necessary.
Insects Insec
Medical Care. Check all that apply. Provide details as necessary.
 My child takes daily medications. This mediation makes him/her sensitive to: Sunlight Heat Certain foods Other Medication(s) need to be taken with meals.
They need to be reminded to take medications.
Please list all medications and dosage information below. Should your child forget to take medication, please provide specific information about what steps should be taken by CAA staff.
Please indicate which over-the-counter medications can be given to your child. Acetaminophen (Tylenol) Ibuprofen (Advil) Aspirin
Date of last tetanus shot:(required)
If your child has any physical or medical condition we should know about or that would impact their participation in the program, please provide details below.

EMERGENCY CONTACTS			
Name of Parent/Guardian			
Place of Business			
Work Phone	Cell Phone		
In the event of an emergency when a parent/guardian cannon Name	ot be reached, please contact:		
Relationshp to Student			
Phone	Cell Phone		
All participants must be signed in and out of the Eco Adver Please list the names of the parents(s) and/or guardian(s) w			
MEDICAL INSURANC	E 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 for my child to be taken to the nearest hospital or medical center for emergency treatment. Parents/guardians 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 p use his/her image in education and/or recruiting material, including but not lim brochures, or flyers. It is the CAA's policy to never identify students by name i	ited to web pages, slide presentations,
Check one: I grant permission to photograph and/or film I do no	t grant permission to photograph and/or film
Participants Name (Print)	
Participants Signature	Date

Parent's or Legal Guardians Signature	
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Date