



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

Check all days you plan to attend:

June 25

June 27

Tuition Due: \$ _____

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.

MEDICAL INFORMATION

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

- Insects
- Medication
- My child carries an EpiPen
- Pollen
- Other

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

- My child has asthma. Students with asthma must bring appropriate medications/inhalers.
- My child takes daily medications.

This medication 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 cannot be reached, please contact:

Name _____

Relationship to Student _____

Phone _____ Cell Phone _____

All participants must be signed in and out of the Eco Adventure Day Camp by an authorized parent or guardian. Please list the names of the parents(s) and/or guardian(s) who will pickup and drop off your child.

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 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 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 _____

Parent's or Legal Guardians Signature _____ Date _____