



Center for American Archeology

High School Field School Application

June 11-July 8, 2023

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

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

Student's Name _____ Gender _____ Age _____
Address _____
City _____ State _____ ZIP _____
Student's Email _____ Parent's Email _____
Parents' Phone _____

Program Rates: 1 Week: \$850 2 Weeks: \$1675 3 Weeks: \$2500 4 Weeks: \$3300

Check all weeks you plan to attend:

June 11-17 June 18-24 June 25-July 1 July 2-8

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. Do not apply for both scholarships.

Check One: Women in Archeology Scholarship Applicant Kampsville Legacy Scholarship Applicant
 30% deposit enclosed I have paid in full

Payment Method: Check/Money Order 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. 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/or allergies indicated above. If your child has 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
 My child carries an EpiPen

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 1 _____

Place of Business _____

Work Phone _____

Cell Phone _____

Name of Parent/Guardian 2 _____

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 _____

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 _____