



# Center for American Archeology

## Past Lifeways Homeschool Days Application

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

Past Lifeways Homeschool Days  
Center for American Archeology  
PO Box 366  
Kampsville, IL 62053

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

### Check all activities you plan to participate in

#### Activity Fee: \$20 per activity

<b>May 8, 2026</b>	<input type="checkbox"/> Ecology Hike	<input type="checkbox"/> Archaeological Scene Investigation	<input type="checkbox"/> Village Daily Life	<input type="checkbox"/> Flintknapping
<b>Sept 11, 2026</b>	<input type="checkbox"/> Survey & Mapping	<input type="checkbox"/> Context is Everything	<input type="checkbox"/> Animals in Archaeology	<input type="checkbox"/> Ceramics

Activity Fees: \_\_\_\_\_

Non- Refundable Deposit \$ 10

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

**Tuition Payment:** A non refundable 10% 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/](http://www.caa-archeology.org/donate/)

**Refund Policy:** You will receive a 100% refund of any tuition paid, minus the non-refundable deposit of \$10, 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.

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Insects                    | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Medication                 | <input type="checkbox"/> Other  |
| <input type="checkbox"/> 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:

- |                                   |                               |  |                                |
|-----------------------------------|-------------------------------|--|--------------------------------|
| <input type="checkbox"/> Sunlight | <input type="checkbox"/> Heat | <input type="checkbox"/> Certain foods | <input type="checkbox"/> 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.**

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> 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 \_\_\_\_\_

## 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 \_\_\_\_\_