

Center for American Archeology University Field School Application June 16-July 27, 2024

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

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

Name		Gender		Age
Address				
City		State		ZIP
Phone	Email			
Current College/University				
Major(s)				
Minor(s)				
Major GPA	Overall GPA			
Transportation Options: Lambert-St. Louis International Airport (STL) Alton Illinois Amrak Station (ALN)	eology & Human Osteology [)	640)	Or	Geophysical Survey neway (\$20) neway (\$15)
I will not require transportation	Tuition D Transpor Total Due Deposit (tation Fee:	\$ \$ \$	\$4,200
Check One: 30% deposit enclosed Payment Method: Check/Money Orden		ull		

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 appy.	vegan	other food restriction (provide details below)		
Allergies. Check all that apply.	 milk & dairy (lactose) allergy wheat nuts/seeds 	eggs fish gluten intolerance soy other (provide details below)		
Food Restrictions Details. Please provide appropriate details for any food restrictions and/or 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 Medication I carry an EpiPen	Pollen			
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 mediation makes me sensitive to:				
	Heat Certain foods	Other you forget to take medication, please provide ff.		
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 Contact Name

Relation to Student

Work Phone

Cell Phone

MEDICAL INSURANCE INFORMATION

Policyholder
nsurer
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)