

# **Center for American Archeology** Flintknapping Workshop Application June 1-7, 2025

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

Flintknapping Workshop Center for American Archeology PO Box 366 Kampsville, IL 62053

Name	Gender	Age
Address		
City	State	ZIP
Phone	Email	
Program Rate: \$600		
<b>Transportation Options (check all that apply):</b> Lambert-St. Louis International Airport (STL) Alton Illinois Amrak Station (ALN) I <b>will not</b> require transportation (Driving)	<ul> <li>Roundtrip (\$40)</li> <li>Roundtrip (\$30)</li> </ul>	<ul><li>Oneway (\$20)</li><li>Oneway (\$15)</li></ul>
	Tuition Due: Transportation Fee: Total Due: Deposit (30%):	\$ \$ \$

Payment Options: You may pay your 30% deposit and/or full tuition through PayPal on our site or by check.

**Online Payment:** You may pay online through PayPal at www.caa-archeology.org/donate/. Enter the student's name and program in the "special instructions to seller" section.

**Check Payment:** Mail your check payable to the Center for American Archeology to the address at the top of the form. Make sure you include the student's name and program.

**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.

FOOD AND DIET INFORMATION			
<b>Diet.</b> Check all that appy.	vegan	other food restriction (provide details below)	
Allergies. Check all that apply.	<ul> <li>milk &amp; dairy (lactose) allergy</li> <li>wheat</li> <li>nuts/seeds</li> </ul>	eggsfishgluten intolerancesoyother (provide details below)	
		food restrictions and/allergies indicated above. If able to eat for each meal while participating in the	
MEDICAL INFORMATION			
Allergies. Check all that apply. Pro	ovide details as necessary.		
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:         Sunlight       Heat         Certain foods       Other			
	losage information below. Should steps should be taken by CAA sta	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 for my child 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)