



Center for American Archeology

Wild Clay Ceramics Workshop

August 8-11, 2024

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

Wild Clay Ceramics Workshop
Center for American Archeology
PO Box 366
Kampsville, IL 62053

Name _____ Gender _____ Age _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____

Program Rates: \$100

Housing Options:

CAA Dorm Room (optional, no cost)
I **will not** require housing

Transportation Options:

Lambert-St. Louis International Airport (STL) Roundtrip (\$40) Oneway (\$20)
Alton Illinois Amtrak Station (ALN) Roundtrip (\$30) Oneway (\$15)
I **will not** require transportation

Tuition Due: \$ _____
Transportation Fee: \$ _____
Total Due: \$ _____

Payment: Full payment is due at sign-up. Payment may be made by check or through the PayPal link on our website.

Online Payment: You may pay online through PayPal. Go to <https://www.caa-archeology.org/donate/>. 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 on Thursday, August 8, 2024.

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/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 Pollen
 Medication Other
 I carry an EpiPen

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 medication makes me sensitive to:

- Sunlight Heat Certain foods Other

Please list all medications and dosage information below. Should you forget to take medication, please provide specific information about what steps should be taken by CAA staff.

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

Emergency Contact Name _____

Relation to Student _____

Work 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 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) _____

Participants Signature _____

Date _____

Parent/Guardian Signature, if under 18 _____

Date _____