

Center for American Archeology University Field School Application June 15-July 26, 2025

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

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

Name		Gender	Age	
Address				
City		State	ZIP	
Phone		Email		
Current College/Univer	sity			
Major(s)				
Minor(s)				
Major GPA		Overall GPA		
Transportation Options (check all that apply): Lambert-St. Louis International Airport (STL) Alton Illinois Amrak Station (ALN) I will not require transportation (Driving)		☐ Roundtrip (\$40) ☐ Roundtrip (\$30)	☐ Oneway (\$20)☐ Oneway (\$15)	
		Tuition Due:	\$\$4,200_	
		Transportation Fee:	\$	
		Total Due:	\$	
		Deposit (30%):	\$	
Check One:	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 appy. vegetarian	vegan	other food restriction (provide details below)			
		eggs fish gluten intolerance soy other (provide details below) food restrictions and/or allergies indicated above. be able to eat for each meal while participating in			
Allergies. Check all that apply. Pr	MEDICAL INFORMAT	ION			
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 mediation 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 CONTACTS

Emergency Contact Name	
Relation to Student	
Work Phone	Cell Phone
MEDICAL INSURAN	NCE INFORMATION
Insurer	
Policy Number	
Phone	
MEDICAL EM	IEDGENCIES
If staff members of the Center for American Archeology are un emergency contact at the time of illness, accident, and/or eme or medical center for emergency treatment. Parents/guardians treatment incurred during field school.	nable to contact a parent, guardian, or designated ergency, I give permission to be taken to the nearest hospital
Participants and parents/legal guardians of minors are hereby the Center for American Archeology is likely to include a varie gathering (clay, grasses, wild foods), thatching, flintknapping, are involved in manual labor and will use common excavation uncomfortable and may be hazardous. Participants may be truly in consideration of permission from the Center for American A or excavation programs, and for other valuable consideration, assigns, heirs, and next of kin fully release the CAA and their directly or indirectly liable, from any and all claims resulting from Participant arising out of: (1) ownership, operation, use, maint (3) use of any equipment; (3) participation in any activity; and Participant.	y given notice that participation in education programs at by of outdoor activities, including, but not limited to hiking, and pottery production. Participants in excavation programs a tools, e.g. shovels, trowels. Field conditions are sometimes ansported in buses, trucks, automobiles, vans, and ferries. Archeology (CAA) to participate in its education and/, the undersigned and his/her personal representatives, employees, agents, successors, assigns, and all persons om any loss, damage, injury, or death sustained by the tenance, or control of any vehicle; (2) use of any facility;
PERMISSION TO PHOTO I understand and agree that the Center for American Archeolouse his/her image in education and/or recruiting material, inclubrochures, or flyers. It is the CAA's policy to never identify stuce Check one:	ogy (CAA) may photograph or film the Participant and uding but not limited to web pages, slide presentations, idents by name in photos that appear in our materials.
Participants Name (Print)	
Participants Signature	Date