

# Alexandria Archaeology Summer Camp

July 18 – 22, 2022

2022 Application

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Birth date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of July 18, 2022 \_\_\_\_\_

Gender:

F M Prefer not to say Non-binary/Self-describe \_\_\_\_\_

Camper Shirt Size (Please circle one – adult unisex sizes) S M L XL XXL

## PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of additional Parent/Guardian (optional): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

1. \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

2. \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Camper's Summer Address (if different from above):

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I \_\_\_\_\_ wish to attend the Alexandria Archaeology Summer Camp 2022. I understand that I will be working with irreplaceable archaeological and historic resources, and promise to abide by all rules and regulations and by the instructions provided by the staff of Alexandria Archaeology.

Camper's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL INFORMATION

Fieldwork can be strenuous. The City does not provide medical insurance for participants. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the camper's family's medical insurance must be used.

**Name of Insurance or Health Care Program in which camper is enrolled:**

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Policy/patient #: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Date of last tetanus shot : \_\_\_\_\_

Date of last COVID shot : \_\_\_\_\_

List any allergies and treatment required : \_\_\_\_\_

List any medications the camper will be taking, including the correct dosage (our staff cannot administer medication) : \_\_\_\_\_

The above is treatment for: \_\_\_\_\_

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? : \_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?:

Any other information that you think may be pertinent to your camper's experience while at camp: \_\_\_\_\_

**PERMISSIONS**

In consideration of the City of Alexandria, Office of Historic Alexandria, Alexandria Archaeology conducting various programs and allowing \_\_\_\_\_ to participate in such programs, the undersigned, realizing the risk of injury attendant on such programs, does hereby release and forever discharge the City of Alexandria and the City's Office of Historic Alexandria, Alexandria Archaeology and its officers, agents, and employees from any and all actions, claims or liabilities resulting from or arising out of or based upon any bodily injury or property damage that may be sustained by the above-named camper while participating in such programs.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PICKUP AUTHORIZATION:** Camp hours are from 9 a.m. to 3:30 p.m. daily. Campers may not be dropped off before 8:45 a.m. and should be picked up no later than 3:45 p.m. I authorize the following person(s) to pick up the above-named camper from the site of camp. Only those listed will be able to pick up a camper – we will not release campers to anyone not on this list. All authorized persons must show I.D. and must be over the age of 18.

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the above-named camper to leave on his/her own. Yes: \_\_\_\_\_ No: \_\_\_\_\_

List any special consideration or persons not authorized to pick up the above-named camper.

\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPH/MEDIA RELEASE:** I authorize Alexandria Archaeology and the City of Alexandria to use and reproduce photographs, film and video taken and to circulate same for advertising and publicity purposes of all kinds. Yes: \_\_\_\_\_ No: \_\_\_\_\_

In the best interests of this program, its participants, and Alexandria's historic resources, Alexandria Archaeology reserves the right to expel campers in the case of extreme disciplinary problems. No refund will be made under these circumstances.

If there are changes in any of the above authorizations, I will give written advance notice. I verify that the above information is correct to the best of my knowledge.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUBMISSION AND PAYMENT**

All applications are processed on a first come, first served basis. Alexandria Archaeology Summer Camp 2022 costs \$400. A non-refundable deposit of \$100 is required upon receipt of application to secure your reservation. The balance of \$300 is due by June 1, prior to the start of camp. Credit card payments should be made online at [shop.alexandriava.gov](http://shop.alexandriava.gov).