

Alexandria Archaeology Summer Camp

July 15 – 19, 2024, 9 a.m. - 3:30 p.m.

2024 Application

CAMPER INFORMATION

Camper's Name: _____

Birth date (MM/DD/YYYY): ____/____/____ Age on July 15, 2024 _____

Gender:

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

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 2024. 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:

Policy/patient #: _____

Camper's Physician: _____ Physician's Phone _____

Date of last tetanus 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. **Camper space is not guaranteed until payment is made at shop.alexandriava.gov/events.** Alexandria Archaeology Summer Camp 2024 costs \$400, with scholarships available. Refunds cannot be made after May 31, 2024.

Please email a completed and saved version of this form to archaeology@alexandriava.gov, or mail to:

Alexandria Archaeology
105 N Union Street, #327
Alexandria, VA 22314