Archaeology Adventures Summer Camps
2020 Camper Application for Rising 3rd-9th Graders

Application Deadline: June 1, 2020
(Applications will still be accepted after June 1, but a $30 processing fee may apply.)

Part 1. Preferred Camp Session (please check)

Rising 3rd-5th Graders (2-day session)
- July 9-10 Overnight Camp ($180)
  Campers check in between 8:30 and 9:00 AM on July 9 and check out at 5:00 PM on July 10.
- July 9-10 Day Camp ($150)
  Camp runs from 9:00 AM to 5:00 PM daily.

Rising 4th-6th Graders (3-day session)
- July 5-8 Overnight Camp ($375)
  Campers check in between 4:30 and 5:30 PM on July 5 and check out at 5:00 PM on July 8.
- July 6-8 Day Camp ($260)
  Camp runs from 9:00 AM to 5:00 PM daily.

Rising 4th-6th Graders (5-day session)
- July 5-10 Overnight ($590)
  Campers check in between 4:30 and 5:30 PM on July 5 and check out at 5:00 PM on July 10.
- July 6-10 Day Camp ($410)
  Camp runs from 9:00 AM to 5:00 PM daily.

Rising 6th-9th Graders (3-day session)
- July 26-July 29 Overnight Camp ($385)
  Campers check in between 4:30 and 5:30 PM on July 26 and check out at 5:00 PM on July 29.
- July 27-July 29 Day Camp ($280)
  Camp runs from 9:00 AM to 5:00 PM daily.

Rising 6th-9th Graders (5-day session)
- July 26-July 31 Overnight Camp ($610)
  Campers check in between 4:30 and 5:30 PM on July 26 and check out at 5:00 PM on July 31.
- July 27-July 31 Day Camp ($460)
  Camp runs from 9:00 AM to 5:00 PM daily.
Part 2. General Information

Camper Name: ________________________________________________________________

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<th>Last</th>
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<th>Preferred Name</th>
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Date of Birth: __________ Age: ____ Rising Grade in Fall 2020: ___ Gender: __________________________

Parent/Guardian Name(s): _______________________________________________________________

Address: ________________________________________________________________

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<th>Street</th>
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Telephone: __________________________ Email: __________________________

Primary Secondary

Alternate Contact Person: _______________________________________________________________

Telephone: __________________________ Relationship: __________________________

Primary Secondary

Part 3. Camper Questionnaire (to be completed by camper; attachments welcome)

Please tell us about any hobbies or special interests that you have.

For overnight campers only:
3. Please list any campers with whom you’d like to share a room*:

*Room assignments are made according to gender, age, and grade level. We are happy to accommodate requests when they are compatible with these criteria.

Camper Agreement: If I am accepted, I agree to follow the rules of the Archaeology Adventures Summer Camp. I understand that if I fail to follow the rules, I may be asked to leave camp early.

Camper signature: ___________________________________________ Date: ________
Part 4. Parent/Guardian Questionnaire (to be completed by parent/guardian; attachments welcome)

1. Should our staff be aware of any medical, dietary, educational, family, or psychological issues concerning your child? If yes, please explain.

2. Please include any suggestions that will be helpful to the staff as they work to provide an enjoyable and educational camp experience for your child.

Part 5. Parent Agreement (Please initial each clause and sign at the bottom):

_____ I understand that a $100 deposit is required with this application. If my child is not accepted, the deposit will be refunded. If my child is accepted, I understand that I will be required to:
   · Pay the remainder of the camp fee by July 1, 2020.
   · Provide a completed health form by July 1, 2020.

_____ I understand that no refunds will be made after July 1, 2020 except in the event of documented physical illness or other exceptional circumstances.

_____ I am aware of the dangers inherent in any youth camp and understand that my child will be spending much of his/her time at camp outdoors in a rural area. I consent to my child’s participation in all camp activities including excavation, laboratory work, arts and crafts, athletic games, outdoor living skills, and vehicular travel.

_____ I acknowledge that I have provided full disclosure of any physical or mental conditions, challenges, or problems which my child has. Because of the potential dangers inherent to any youth camp, I have explained to my child the importance of obeying instructions given by camp staff and abiding by all camp rules. I hereby release the Exploring Joara Foundation and its directors, board members, and staff from any liability which they might otherwise incur as a consequence of the failure of my child to obey said individuals and/or abide by the camp rules and regulations.

_____ If outside medical services (doctor visits, X-rays, lab tests, etc.) should be needed, I understand that I am financially responsible.

Parent/Guardian signature: ___________________________________________ Date: __________
Please send this completed registration form and a $100 deposit to

Exploring Joara Foundation
C/O Dr. Theresa Shebalin
PO Box 296
Morganton, NC 28680

Checks should be made payable to The Exploring Joara Foundation.

You will be notified of your application status approximately 2-3 weeks after we receive your application. We are a small camp with limited enrollment, so applications should be submitted as soon as possible to improve your child’s chances of being accepted.