

Archaeology Adventures Summer Camps 2022 Camper Application for Rising 3rd-9th Graders

Application Deadline: June 1, 2022

(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 28-29 Overnight Camp (\$270)
Campers check in between 8:30 and 9:00 AM on July 28 and check out at 5:00 PM on July 29.

_____ July 28-29 Day Camp (\$180)
Camp runs from 9:00 AM to 5:00 PM daily.

Rising 4th-6th Graders (3-day session)

_____ July 24-27 Overnight Camp (\$450)
Campers check in between 4:30 and 5:30 PM on July 24 and check out at 5:00 PM on July 27.

_____ July 25-27 Day Camp (\$270)
Camp runs from 9:00 AM to 5:00 PM daily.

Rising 4th-6th Graders (5-day session)

_____ July 24-29 Overnight (\$800)
Campers check in between 4:30 and 5:30 PM on July 24 and check out at 5:00 PM on July 29.

_____ July 25-29 Day Camp (\$425)
Camp runs from 9:00 AM to 5:00 PM daily.

Rising 6th-9th Graders (5-day session)

_____ July 10-July 15 Overnight Camp (\$800)
Campers check in between 4:30 and 5:30 PM on July 10 and check out at 5:00 PM on July 15.

_____ July 11-July 15 Day Camp (\$425)
Camp runs from 9:00 AM to 5:00 PM daily.

Part 2. General Information

Camper Name: _____
Last First Preferred Name

Date of Birth: _____ Age: _____ Rising Grade in Fall 2022: _____ Gender: _____

Parent/Guardian Name(s): _____

Address: _____
Street City State Zip

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 or the camp is cancelled due to unforeseen circumstances, 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, 2022.
- Provide a completed health form by July 1, 2022.

_____ I understand that no refunds will be made after July 1, 2022 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
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 1-2 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.**