



## 2019 ARCHAEOLOGY CAMP REGISTRATION

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please check which camp you wish to attend:

- Archaeology Day Camp (age 6-8) August 1 at Ferry Farm \$25.00  
 Archaeology Camp (age 9-12) July 15-19 at Ferry Farm \$125.00

### EMERGENCY CONTACT PERSON DURING CAMP WEEK:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### CAMPER'S HEALTH HISTORY

Have or subject to:  Asthma  Seizures  Bee Sting Allergy  
Food or other allergy (please specify) \_\_\_\_\_  
\_\_\_\_\_

Any significant medical condition we should know about? \_\_\_\_\_

Any restrictions from activity? \_\_\_\_\_

Any accommodations needed by camper? \_\_\_\_\_

### PHOTO RELEASE AUTHORIZATION

I hereby give The George Washington Foundation the absolute right and permission to publish, copyright and use pictures of my child in which he/she may be included in whole or in part, composite or retouched in character or form. I understand that signing this release does not guarantee publication of a photo.

Parent/Guardian signature: \_\_\_\_\_

How did you hear about this camp? \_\_\_\_\_

### CHILD RELEASE AUTHORIZATION

The following persons are authorized to pick up the camper: (ID will be checked at pick-up)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

This information above is correct as far as I know, and the camper has my permission to engage in all activities.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Please contact: Elizabeth Hosier 540-370-0732 ext. 22**

Return form with check payable to The GEORGE WASHINGTON FOUNDATION to:

The George Washington Foundation, Attn. Vickie Hayes, 268 Kings Highway, Fredericksburg, VA 22405