



2020 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) July 29-30 at Ferry Farm \$50.00
 Archaeology Camp (age 9-12) July 13-17 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: Laura O'Leary 540-370-0732 ext. 27

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

The George Washington Foundation, Attn. Laura O'Leary, 268 Kings Highway, Fredericksburg, VA 22405