



## 2024 Archaeology Summer Camp

**Please mark session(s) you are registering for:**

**Session 1: Archaeology is Awesome, 7-9 year old: June 11-15**

**Session 2: Archaeology is Awesome, 10-12 year old: June 25-29**

**Session 3: Fantastic Fauna, 7-9 year old: July 9-13**

**Session 4: Fantastic Fauna, 10-12 year old: July 16-20**

### Registration Form & Itinerary

We request one registration form per participant. Please complete this form and **email** completed form to Brooke Thorson @ [ThorsonBR@elpasotexas.gov](mailto:ThorsonBR@elpasotexas.gov). For questions, email Brooke Thorson or call 915-212-3272.

Child's Name

Child's Age on June 1, 2024

Grade going into 2024/2025 School Year

Name of Parent or Guardian

Mailing Address

Street Address

City

State

Zip

E-Mail

Day Phone

Evening Phone

Registration ends when space in each session of camp is filled. There is a limit of 15 participants for each session of Summer Camp. Camp is limited to children ages 7-12.

**Camps meet from 9:00 am to 1:00 pm, Tuesday through Friday with optional Field Trip to Hueco Tanks State Historic Site on Saturday. Parents/guardians are responsible for transportation to and from Hueco Tanks.**

*Parents: Are you willing to drive the day of the field trip? Yes*

*No*

Parent/Guardian

Signature

Date:

**PAYMENT - Please see Policies noted on Page 2**

# Registration Form & Fee -

## **Registration Fee Required by:**

Friday, May 31 for Session 1  
Friday, June 14 for Session 2  
Friday, June 28 for Session 3  
Friday, July 5 for Session 4

**Cost: \$55.00 museum members and \$70.00 for non-members**

Registration is on a first-come, first-served basis, limited to 15 participants per camp.

**Please select designated payment method below:**

Cash:

Check:

Charge to Card:

Please make checks payable to: El Paso Museum of Archaeology

**Credit Card Charge: Call the museum at 915-212-0421 to charge by phone.**

**We are unable to accept American Express. You may also pay in person.**

**If paying with cash or check, please visit the museum in person to pay!**

**For a seamless registration process, please pay within FIVE business days of submitting your registration packet. For questions or concerns about payment, please contact Brooke Thorson @ [ThorsonBr@elpasotexas.gov](mailto:ThorsonBr@elpasotexas.gov) or call 915-212-3272. Payment may be accepted until the date listed above. Please initial to acknowledge.**

## **POLICIES:**

Full payment must accompany registration in advance of the first day of camp. This is a four-day camp with an optional field trip on day five. Attendance is necessary on the first day in order to attend days 2 through 5. There is no reduction in fee for attending fewer days. Registration ends when all twelve spaces in the camp are filled. Only paid participants are allowed in the camp, no visitors. The camp is not designed for parents to attend or volunteer. The museum reserves the right to cancel the camp if it does not meet minimal enrollment requirements. Refunds are given under the following conditions: (1) if the camp is cancelled or an enrollment is denied due to camp size limitation; (2) if a participant must cancel before the camp begins, a full refund is given only if notice is received at least 1 week in advance of the first day of camp. There will be no partial refunds and no credits. Refunds will not be given due to expulsion or suspension from the camp.

## Preparation for Camp

This is an interactive, hands-on course held on the museum's grounds, weather permitting, in the galleries and lab, and a field trip to Hueco Tanks State Historic Site. If weather prevents outdoor activities, alternative indoor activities will be held. Be prepared by wearing sun screen, sturdy shoes (no sandals), protective clothing, insect repellent, and a hat for the outdoor activities. Parents will receive a Camp Introduction document following registration and payment.

**Each participant will be provided with snacks each day. If your child has any food allergies, especially nut allergies, please be sure your child knows they should only eat their own snacks and drink their own beverages.**

### Participant Information

In case of emergency, we request the name and telephone number of a physician for each participant. All information including Physician's phone number REQUIRED.

Mother/Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
(Local Physician)

Insurance Provider \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Emergency Contact Information (other than Parent/Guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### Authorized Pick-up Persons (other than Parent/Guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Information

Does your child have any of the following? Check all that apply.

- |                                                                   |                                               |
|-------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Seasonal Allergies                       | <input type="checkbox"/> Epilepsy             |
| <input type="checkbox"/> Medication Allergies (please list below) | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Food Allergies (please list below)       | <input type="checkbox"/> Insect Sting Allergy |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Hearing Difficulties |

Please list all allergies checked above here:

Is your child on any medications? If yes, please list below:

Will your child need to receive medication during the camp?    Yes            No

**Note: Parent/Guardian must be present to administer medication.**

Does your child have any serious fears, phobias, or behavioral issues? If so, please describe below. If none, put NA.

Does your child have any physical limitations or handicaps? If so, please describe below. If none, put NA.

If there is anything else you would like to share regarding your child, please share below:

**Parental Agreement**  
**(Please Initial Each Statement)**

- \_\_\_\_\_ I give permission to the El Paso Museum of Archaeology to arrange for emergency medical attention to my child in my absence. I understand the El Paso Museum of Archaeology will make every effort to contact the parent in case of emergency. I understand I am liable for any medical care costs incurred in the case of emergency treatment.
  
- \_\_\_\_\_ The information on the preceding pages is correct and current to the best of my knowledge. I agree to make the El Paso Museum of Archaeology aware of any changes to my address, phone, emergency, contact information, etc. as soon as these changes occur.
  
- \_\_\_\_\_ I authorize the El Paso Museum of Archaeology to use any photograph of my child for public relations purposes and I agree to sign the Photography Form: Consent and Release from Liability that accompanies this registration form.
  
- \_\_\_\_\_ I understand that I am liable for the dangers and risks to my child participating in this program and I agree to sign the Agreement and Release of Liability form that accompanies this registration form.

**Behavior contract**  
**(Please Initial)**

- \_\_\_\_\_ In the interest of the safety of all participants and staff, any child exhibiting behavior that may cause harm to themselves, other participants, or staff, or that disrupts camp activities, will be asked to leave. These behaviors include, but are not limited to, climbing, jumping, hitting, kicking, biting, sexual harassment, and/or possessing weapons or illegal substances.
  
- \_\_\_\_\_ I have discussed the above rules with my child and we agree to abide by them. I understand that if my child does not follow these principles, a personal conversation between the Camp Director and Parent/Guardian will occur prior to any action being taken. Participants not abiding by these rules will be asked to leave the El Paso Museum of Archaeology program.

*Refunds will not be given due to expulsion or suspension from program.*

Parent/Guardian Signature \_\_\_\_\_

**CITY OF EL PASO**  
**El Paso Museum of Archaeology**  
**FOR PHOTOGRAPHY - Consent and Release from Liability**

I, \_\_\_\_\_, for Child \_\_\_\_\_  
(Parent Print Name) (Print Child's Name)

hereby consent my child to being photographed by agents, employees, volunteers, and contractors of the City of El Paso Museum of Archaeology for general publicity purposes. I further authorize the City of El Paso Museum of Archaeology, its agents, employees, and contractors to copyright, use, re-use, publish and re-publish any still or video photographs of my child, as well as any electronic recordings and other illustrations, in whole or in part. I also consent to the use of my child's photograph with any printed matter or social media post connected therewith.

I hereby waive any right that I may have to inspect and approve the finished product(s) and printed matter that may be used in connection therewith.

I hereby agree to release and hold harmless the City of El Paso Museum of Archaeology, its officers, agents, and employees from all liabilities, losses, suits, claims, judgments or demands arising out of the use of pictures or other personal information for the purpose set out in this Consent and Release form.

By signing this Consent and Release, I also acknowledge that I have been advised that my participation in the preparation of any materials by the El Paso Museum of Archaeology for the purpose set out herein for which photographs or voice recordings might be used is purely voluntary on my part.

I further understand that I will not be compensated in any way for the use of my child's picture or voice recording and waive any right I might have to compensation.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child (if applicable) \_\_\_\_\_

Parent/Adult Address: \_\_\_\_\_

**City of El Paso**  
**El Paso Museum of Archaeology**  
**AGREEMENT AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ hereby acknowledge that \_\_\_\_\_  
Parent/Guardian Child's Name

has voluntarily agreed to participate in programs and collaboration activities of the El Paso Museum of Archaeology, located 4301 Transmountain Road, in El Paso, TX, 79924. I am aware that I am voluntarily participating in these programs and collaboration activities at the El Paso Museum of Archeology with knowledge of the danger involved and hereby agree to accept the danger involved and hereby agree to accept any and all risks of injury and/or death.

Please initial \_\_\_\_\_

As lawful consideration for being permitted by the El Paso Museum of Archaeology to participate in these activities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute the El Paso Museum of Archaeology, museum employees, volunteers and agents, or the City of El Paso, City's employees, volunteers, and agents, as a result of my participation in the educational programs and collaboration activities at the El Paso Museum of Archaeology. In addition, I hereby release and discharge the El Paso Museum of Archaeology, museum employees, volunteers and agents, and the City of El Paso, City's employees, volunteers and agents from all actions, claims or demands, I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in the programs, collaboration activities or any museum business, in the operations of the buildings and grounds of the El Paso Museum of Archaeology.

Please Initial \_\_\_\_\_

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and the El Paso Museum of Archaeology and I sign it of my own free will.

Please Initial \_\_\_\_\_

Dated \_\_\_\_\_  
(Parent/Guardian Signature)

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Personal Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_