



Archaeology In Action Program Application

Program Dates: June 18 to July 20, 2012

Name _____ Phone, wrk/school: _____

Address _____ Home: _____

City _____ State _____ Zip Code _____

E-mail: _____ Age _____ Sex _____

Place of Employment/Occupation or School/Major

Session(s) Requested (You may register for as many sessions as you wish)

- June 18-22 _____
- June 25-29 _____
- July 2-July 6* _____
- July 9-13 _____
- July 16-20 _____

*Note that excavations will be held on July 4.

Are you currently a member of the Museum? _____ (If not, membership fee is required with registration)

See attached Archaeology In Action Fee Schedule

*****Field sessions are filled on a first-come, first-served basis; final deadline for all applications is June 8, 2012*****

CANCELLATION AND REFUNDS

THERE ARE NO REFUNDS WITHIN ONE WEEK OF THE FIRST DAY OF THE SESSION. TO HANDLE UNAVOIDABLE DIRECT ADMINISTRATIVE COSTS, THERE IS A PER PERSON CANCELLATION CHARGE THAT IS NOT TAX DEDUCTIBLE FOR ALL REFUNDS. THIS CHARGE IS 25% OF THE PROGRAM FEE. IF THE ARCHAEOLOGY DEPARTMENT MUST CANCEL A FIELD PROGRAM, A FULL REFUND WILL BE MADE.

Please complete the following section. This information will be used in orientation and training. (Use back of page if necessary)

1. Rate your overall physical condition:

Excellent Good Average Fair Poor

2. State any physical disabilities or anything in your medical history that we should know about (allergies, respiratory problems, contact lenses, etc.) Do you have any physical conditions which might require medical attention during the Archaeology In Action program?

3. Have you had any previous archaeological experience (e.g. class work, previous digs, etc.)? If yes, please describe.
(note: no previous experience is required):

4. What interests you about archaeology? What would you like to experience or learn in this program? (Please be as specific as possible)

**WAIVER OF LIABILITY AND HEALTH STATEMENT
ARCHAEOLOGY IN ACTION PROGRAM**

I am applying for participation in the Summer 2012 *Archaeology In Action* program. I understand that this program involves strenuous activity and that some potential for injury exists, despite all reasonable precautions which will be taken by the staff, and that professional medical aid may be located several miles from the place of work. I hereby relieve the staff of the archaeology project, and the Cleveland Museum of Natural History of all liability for accident, injury or illness involving myself while a participant in the project, and further certify that I am in good physical health, with no physical conditions or liabilities which would endanger me or impair my work in the archaeological project.

This application is subject to Archaeology Department approval.

Signed: _____ Date: _____

Parent's Signature,(if applicant is under 18 years of age):

Signed (Parent or guardian): _____ Date: _____

Print or Type:

Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____(work) _____(home)

Who should we notify in case of an emergency?

Name _____ Relationship _____

Address _____ Phone _____

Return application with fees to: Dr. Brian G. Redmond
Dept. of Archaeology
The Cleveland Museum of Natural History
1 Wade Oval Drive, University Circle
Cleveland, Ohio 44106

**CLEVELAND MUSEUM OF NATURAL HISTORY
ARCHAEOLOGY IN ACTION 2012**

FEE SCHEDULE

***** Payment is required with application. Please make checks payable to
The Cleveland Museum of Natural History*****

***** APPLICATION DEADLINE: June 8, 2012*****

| NUMBER OF WEEKS (Check one) | MEMBER | NON-MEMBER (Includes one-year Museum individual membership of \$55) |
|--------------------------------|---------|--|
| _____ 1 WEEK | \$200 | \$255 Individual |
| _____ 2 WEEKS | \$400 | \$455 Individual |
| _____ 3 WEEKS | \$600 | \$655 Individual |
| _____ 4 WEEKS | \$800 | \$855 Individual |
| _____ 5 WEEKS | \$1,000 | \$1,055 Individual |

Questions? Call the Dept. of Archaeology at **(216) 231-4600 ext. 3301**
or E-mail: **aia@cmnh.org**