



# The Castle

418 Fourth Street  
Marietta, Ohio 45750  
Phone: 740.373.4180  
MariettaCastle.org

# ARCHAEOLOGY CAMP REGISTRATION FORM

## The Castle's Archaeology Camp (July 14 – 17, 2025 9am-11am)

Enrollment in Archaeology Camp at The Castle is for students entering the sixth through eighth grades in the fall of 2025. The registration fee of \$50.00 per camper covers the cost of all the materials for the camp.

As part of the registration process, please fill out the Emergency Medical Authorization and Photo Release forms, which are included. Camp size is limited to 12 campers on a first come first served basis, so early registration is encouraged. **Please return registration papers along with payment by Friday, June 27, 2025 by 4pm to The Castle.**

Camper's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Best to reach you)

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name of School: \_\_\_\_\_

### Parent/Guardian Contact Info:

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

\_\_\_\_\_  
Primary Phone Number Email

**\*Please note: Friday, July 18 is reserved as a back-up day in the event of rain.**

Please make checks payable to: The Castle, 418 Fourth St., Marietta, OH 45750

For more information call The Castle at (740) 373-4180

Office Use Only Date Forms Received: \_\_\_\_\_  
Date Fee Received: \_\_\_\_\_

*In the event of an emergency, The Castle contacts emergency services, and then the primary and secondary contacts listed on this form. This form will be provided to emergency service personnel.*

## Emergency Medical Authorization

**Camper's Name:** \_\_\_\_\_

**Primary Emergency Contact Name:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Medical History

Allergies (Food, Pollen, Etc): \_\_\_\_\_

Food Preferences (Vegetarian, Vegan, Etc.): \_\_\_\_\_

Medications Being Taken: \_\_\_\_\_

Tell us a little about your camper:

- My camper uses a wheelchair, crutches, walker or another mobility aid
- My camper might be sensory sensitive
- My camper has vision loss
- My camper is deaf or hard-of-hearing
- My camper has an intellectual disability

Please elaborate on any boxes marked:

\_\_\_\_\_

Is there anything else you wish for us to know about your camper?

\_\_\_\_\_

\_\_\_\_\_

**Part I: To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Can we administrator first aid?  Yes  No

In the event, reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event that the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the camper to any hospital reasonably accessible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**Part II: Refusal to Consent**

I do NOT give my consent for emergency medical treatment of my camper. In the event of illness or injury requiring emergency treatment, I wish The Castle authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## Permission to Use Photograph

Camper's Name: \_\_\_\_\_

- I grant to The Castle, its representatives and employees the right to take photographs of my camper in connection with the above-identified event.

I agree that The Castle may use such photographs of my camper with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content, and social media.

- I do NOT grant to The Castle, its representatives and employees the right to take photographs of my camper in connection with the above-identified event.

I have read and understand the above:

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

Printed Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## Refund & Cancellation Policy

For a full refund, cancellations must occur 2 weeks in advance - June 30 at the latest.

Refunds after the 2 week deadline can not be guaranteed, but will be considered based on the ability to fill a camper's vacancy. Please notify the museum of a camper's inability to attend as early as possible.

Refunds can not be provided to campers who miss either full or partial days of camp, once camp has started.

By submitting this registration form, you agree to this policy.

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## Archaeology Camp Guidelines

Be on time every day! Archaeology Camp is designed to begin and end at given times in order to fit many fun-filled experiences into each day. The program builds on itself, so it is helpful to attend every day.

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The Castle is not responsible for any lost, stolen, or damaged items during Archaeology Camp. Please refrain from bringing valuables (cell phones, gaming devices, apple watches, jewelry, etc.) to camp.

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Bring your own water bottle adequate for the two-hour session.

Dress comfortably and sensibly.  
Old clothes that can get dirty are the best.

Remember sunscreen and hats.

No flip-flops or open-toed shoes.

We will be outside in the dirt.

Work gloves will be provided and should be worn at all times while excavating.

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Every effort has been made to make camp enjoyable and educational for all. Should a participant's behavior interfere with others, the camper's parent/guardian will be called to pick up the camper.