



Field School Registration Form

July 28 – July 31, 2025 6pm – 8pm
The Castle

Enrollment in the Archaeology Field School at The Castle is for high school ages and adults. The registration fee of \$50.00 per individual 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. Field School size is limited to 12 participants on a first-come-first-served basis, so early registration is encouraged.

Please return registration papers along with payment by Friday, July 11, 2025 by 4pm to The Castle.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ (Best to reach you)

Email Address: _____

Age: _____ Grade Entering (if applicable): _____

Name of School: _____ (if applicable)

Registration Fee: \$ _____

***Please note: Friday, August 1 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

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

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 you/your camper:

- My camper/I use(s) a wheelchair, crutches, walker or another mobility aid
- My camper/I might be sensory sensitive
- My camper/I has (have) vision loss
- My camper/I is (am) deaf or hard-of-hearing
- My camper/I has (have) an intellectual disability

Please elaborate on any boxes marked:

Is there anything else you wish for us to know about you/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) transfer to any hospital reasonably accessible.

Date

Signature/ Parent or Guardian Signature

Part II: Refusal to Consent

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

Date

Signature/ Parent or Guardian Signature

Date Forms Received: _____
Date Fee Received: _____

Permission to Use Photograph

Name(s): _____

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

I have read and understand the above:

Signature: _____

Printed Name: _____

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Date: _____

Phone Number: _____

Refund & Cancellation Policy

For a full refund, cancellations must occur 2 weeks in advance – July 14 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.

Archaeology Field School Guidelines

Be on time every day! Archaeology Field School 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 Field School. 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 will be asked to leave or the camper's parent/guardian will be called to pick up the camper.