

Archaeology Summer Camp 2007

During the week-long (Monday- Friday) summer camp, children will learn about archaeology and anthropology using indoor and outdoor activities. The camp will be held at the Center for Archaeological Research located on UTSA's West Campus and is staffed by employees of the Center who are trained archaeologists. Camp space is limited to 18 children per camp. For more information call Lynn Yakubik at: 458-4462 or 458-4378.

This year's theme: "The Maya"

Ages 7-9 > Camp 1 June 18-22, 2007 **(No spaces available.)**

Ages 10-12 > Camp 2 July 23-27, 2007 **(No spaces available.)**

Camp 3 - August 6-10, 2007 **(Spaces available as of 4/23/07.)**

Camp Time: 9am - 4pm

Cost: \$190.00 per camp (includes supplies, snacks, and t-shirt). There is a \$50.00 fee for after hours care (4pm - 5pm) for the week. Then the fee is \$1.00 per minute after 5pm. This will be strictly enforced.

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Child's Name _____ Address _____

City/State/ZIP _____ Home Phone# _____

Work Phone# _____ Emergency Contact & Phone# _____

Child's Gender (M/F) _____ Age _____ Grade Entering _____ Camp Attending (Camp#) _____

******T-shirt size *circle one*. Child M, L or Adult S, M, L, XL)******

Camp Cost: \$190.00 = \$190.00 Total

After Hours Fee if needed: \$50.00 = \$240.00 Total

Check/Money Order _____ Cash (in person only, must be exact change) _____

Permission/Medical Release

My child, _____, has my permission to participate in the activities at camp provided and supervised by the Center for Archaeological Research's Legacy Program staff. I voluntarily give the Legacy Program, its agents and employees, permission to obtain any medical treatment deemed necessary for my child in case of an emergency. I understand the cost of all medical treatment is solely my responsibility and I will promptly reimburse the Center for these costs if medical treatment is necessary.

I hereby release UTSA, the Center for Archaeological Research, its directors and employees from any and all claims or actions arising from or relating to summer camps at the Center. I understand and agree to abide by the cancellation and refund policies (if applicable).

Please indicate if your child has any allergies or special needs. ***We do not administer any medication.***

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Mail along with payment to: UTSA/CAR: Legacy Camp, One UTSA Circle, San Antonio, Texas 78249.