

# THE 2012 ALLENDALE PALEOAMERICAN EXPEDITION

## APPLICATION AND PERSONAL DATA FORM

(Please complete this form and return it to the address below.)

(Submit one form per person)

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

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

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_

### HEALTH AND SAFETY WARNING:

While we intend to observe common sense rules of safety, please realize that this is a field archaeology expedition. There are normal risks involved in working outdoors in a relatively remote area such as sun exposure, insect bites, poison ivy, minor cuts from flint chips, working with hand tools and around mechanical equipment and physical labor.

GENERAL HEALTH? \_\_\_\_\_ DISABILITIES? \_\_\_\_\_

Are you intensely allergic to insect bites or other substances (not simple allergies)

YES NO If so, please explain \_\_\_\_\_

\_\_\_\_\_

Are you taking strong prescription medicine? YES NO If so, what \_\_\_\_\_

Note: Please plan to bring all necessary prescriptions and insect bite kits if you are allergic.

**NOTE:** You must sign two claims release forms to be able to attend the expedition. One is required by the University of South Carolina and the other by Clariant, the owners of the site.

### REGISTRATION

I wish to register for the following week(s):

Session 1 \_\_\_\_\_ April 30 – May 4th

Session 2 \_\_\_\_\_ May 7 - 12

Session 3 \_\_\_\_\_ May 14 – 19

Session 4 \_\_\_\_\_ May 21 – 26

Session 5 \_\_\_\_\_ May 28 – June 2

