



ALLIANCE FOR WEEDON ISLAND ARCHAEOLOGICAL RESEARCH AND EDUCATION

JUNIOR ARCHAEOLOGIST SUMMER CAMPS

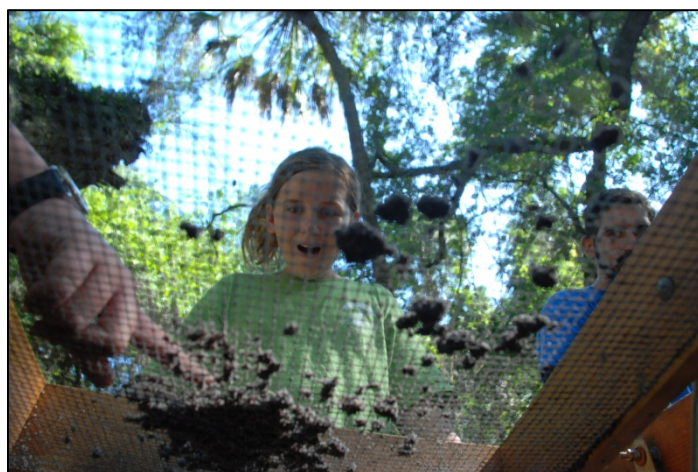
WEEDON ISLAND
PRESERVE

JUNE 24 – 28, 2013

JULY 22 – 26, 2013



Alliance for Weedon Island Archaeological Research and Education (AWIARE) plans exciting new archaeology summer camps at Weedon Island Preserve designed for students who are interested in exploring the past. All camps are conducted by professional archaeologists, including educators from the **Florida Public Archaeology Network (FPAN)** presenting their *Tommy the Tortoise, Junior Archaeologist* program.



Dates: June 24 – 28, 2013 (9 am – 4 pm)
July 22 -26, 2013 (9 am – 4 pm)

Ages: Children ages 7 – 11

Registration: \$150.00/camper/week
Limited to 20/week

Registration is on a first-come, first-served basis. Before- camp care is available from 7:45 am to 9:00 am for an additional fee (\$50.00) each week.

JUNIOR ARCHAEOLOGIST SUMMER CAMP

This summer camp is designed for children with a strong interest in prehistory and history as well as learning how early people interacted with their environment. Campers will learn about the importance of archaeology and will gain understanding about early natural resources that were necessary for life in the Tampa Bay region. Highlights of the camps include guest experts, tour of an archaeological site, hands-on archaeology, lab analysis, pottery making, atlatl adventure, and earning the certificate of Tommy the Tortoise, Junior Archaeologist.



How to Register

Complete registration and liability release forms are provided on the next page. Return via U.S. Postal Service along with a check or money order made out to "AWIARE" for the appropriate amount. We cannot accept cash or credit cards. Once the completed paperwork and payment have been received, we will provide a confirmation and other information via email.

Mailing Address

AWIARE
1500 Weedon Drive NE
St. Petersburg, FL 33702

Cancellation Policy

All cancellation requests must be received in writing or email and be postmarked at least ten days prior to the start of camp. No refunds will be made for cancellations received after that date. A \$25.00 handling fee will be charged for all processed refunds.



For more information, please contact:

Rebecca O'Sullivan
Office: (813) 396-2325
Email: rosulliv@usf.edu
Fax: (813) 396-2326

SUMMER CAMP REGISTRATION FORM

WEEDON ISLAND PRESERVE (ST. PETERSBURG, FL)

Please note: Registration is limited to 20 campers and is available on a first-come basis. Registration fee is \$150.00 /camper/week. Registrations cannot be processed unless completed forms are accompanied by full payment.



Please check the desired archaeology camp:
_____ June 24 – 28, 2013 (9am – 4pm)
_____ July 22 – 26, 2013 (9am – 4pm)

Child's full name **Date of birth** **Age at start of camp**

Entering grade (in fall) **Male or Female**

Parent's full name

Mailing address

City **State** **Zip code**

Home phone **Cell phone** **Work phone**

Email address

Emergency contact (please list phone numbers below) **Relationship to child**

Home phone **Cell phone** **Work phone**

Please list all persons authorized to pick up your child. A photo ID will be required at pick-up and children will only be released to individuals listed on this registration form.

1. _____
2. _____
3. _____

Please list special medical conditions:

Allergies: _____

Medication: _____

Does your child have any special needs (physical, medical, dietary, emotional)?

Liability Release Form

I request AWIARE/FPAN allow the minor child named above to participate in summer camp activities offered at Weedon Island Preserve. It is my understanding that such activities may include hikes, field activities and lectures, and inadvertent exposure to potentially dangerous wildlife and /or vegetation. I assume all risks and liabilities associated with my child's participation in such activities and agree not to bring suit against AWIARE/FPAN , their agents, or employees, for damages arising from any injury. In the event that my child might require medical treatment for any reason while attending a summer camp program, I authorize AWIARE/FPAN to admit my child for treatment at the nearest licensed medical facility. I give AWIARE/FPAN permission to take photographs of my child while participating in the summer camp program. It is my understanding that said photographs may be used in publicity for future programs.

Parent/Guardian/Legal Custodian Signature

Date

Mail completed registration and liability release forms, and check for appropriate amount made payable to AWIARE to:

AWIARE
1500 Weedon Drive NE
St. Petersburg, FL 33702