Warren Wilson College Archaeology Field School
Summer 2015 Registration Instructions

**Warren Wilson College students** who wish to register for credit should register online during spring registration period, April 20-24, 2015.

**For non-Warren Wilson students**, if you wish to register for college credit or as a volunteer, not for college credit, please fill out all of the registration forms below. Email Dr. David Moore for more information.

**Those not registering for college credit do not need to fill out the Student Information sheet at the end of the packet.**

High school students and those not currently enrolled in college who wish to obtain college credit should contact Dr. David Moore for more information.

Mail forms to Dr. David Moore:

Email ([dmoore@warren-wilson.edu](mailto:dmoore@warren-wilson.edu)) or mail to:
Dr. David Moore
Campus Box 6076
Warren Wilson College, P.O. Box 9000
Asheville, NC 28815-9000
Registration for the Warren Wilson College Archaeology Field School Summer 2015

Contact Information

Name______________________________________________________________
Gender_____________ Age_____________
Address___________________________________________________________ City________________________
State_______ Zip Code_____________________
Phone________________________ Email_________________________________________
Date of Application_____________________

Education Information

College/University (if applicable)_________________________________________________________
Academic Status  ____High School  ____Undergrad  ____Grad Student
  ____Not currently in school
Class  ____First Year  ____Sophomore  ____Junior  ____Senior
  ____Graduate  ____Other Specify_________________________________________
Major________________________________ Minor____________________________________

Personal Information

Occupation________________________________

Previous archaeology experience (if any): classes, field work, or tourist.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Other Skills/Hobbies: surveying, drawing, photography, etc...

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reasons for interest in the Warren Wilson Archaeological Field School:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Archaeological Interests, if any (regions, time periods, cultures):

________________________________________________________________________

________________________________________________________________________

How did you find out about the Warren Wilson Archaeology Field School?

___Teacher/Professor       ___Friend/Relative       ___Warren Wilson website

___AIA          ___About.com        ___Shovelbums.org        ___Local Advertisement

___Other online field school list    Specify_________________    ___Other

Registration Information

Are you taking the field school for college credit or as a volunteer?

___Credit Student       ___Volunteer

How many credits? (1-4 credits, each week equals 1 credit hour)________________

You may register for up to four (4) weeks and each week equals 1 credit hour if registering for credit.
I would like to register for the following one-week session(s):

- June 1 - June 5
- June 8 - June 12
- June 15 - June 19
- June 22 - June 26

Payment Information

Full registration payment must be received by Friday, May 1, 2015. Registration is accepted on a “first come, first served” basis. Field school has a limited number of spaces, so early registration and payment is encouraged. You may send in a $25 non-refundable deposit to reserve your space if you do not wish to make the full payment at this time. Full payment ($275 non-credit, $610 for credit, if you have already paid a deposit) is due May 1. Registrations after May 1st for any remaining spaces must be accompanied by full payment. If you do not wish to send credit card information through the mail, you may make your payment by phone by calling (828) 771-2062.

Fill out this part ONLY if you are registering FOR CREDIT. If you are not registering for college credit skip to the next payment section.

The tuition for college credit is $635 per credit (1 credit per week).

Number of weeks___________

Full Payment: $635.00 per week $_____________ Total Enclosed $______________

Fill out this part ONLY if you are NOT REGISTERING FOR CREDIT. If you are registering for college credit fill out the payment section above.

The registration fee for volunteers is $300 per week per person.

Number of weeks___________

Full Payment: $300.00 per week $_____________ Total Enclosed $______________

Payment Method:

Payment by Check_____VISA_____MasterCard_____ Card # ____________________________

Expiration date_____ / ______/ ______ Security Code (three digits on back of card)__________

Name on Card______________________________________________________________

Signature______________________________________________________________

Please make checks payable to Warren Wilson College Archaeology.
Archaeology Field School Housing Request Form

Students, staff, and volunteers can stay at the Wall Center for Archaeological Research in Morganton (about a 20 minute drive to the site) during the field school. The Wall Center is the home of the Exploring Joara Foundation, a non-profit organization formed in 2007 that supports the field school. The Center includes dormitory space for 23 people, along with an office, lab, large kitchen and dining area, and laundry facilities. Students will be placed in one of six dorm rooms for 4-8 people. Bunk beds and mattresses are provided, but you will need to bring your own linens and towels. If you need additional information about local accommodations, please contact David Moore.

The Wall Center for Archaeological Research has a limited number of spaces available each week. There is a $70 per week per person housing fee. This fee includes the cost of dinners Monday-Thursday. Students taking the course for credit have first priority for these spaces. Normally we have space each week for non-credit students as well. We also keep a waiting list to try to accommodate as many participants as possible.

Please check whether or not you would like to be considered for housing at the Wall Center.

I would like to request housing at the Wall Center ________

I do not need housing at the Wall Center ________

If you would like to partake in the group dinners at the Wall Center (included in housing fee), do you have any dietary needs (vegetarian, gluten free, etc…)?

___________________________________________________

Upon receipt of this housing request form we will notify you of room availability; we will let you know if rooms are available or if you have been placed on the waiting list. Full payment of housing fee must be received by May 1st to secure your place.

Full payment should be made to Warren Wilson College Archaeology.

Number of weeks_________

Full Payment: $70.00 per week $_____________ Total Enclosed $_____________

Payment by Check____VISA____MasterCard___ Card #______________________________

Expiration date______/______/______ Security Code (three digits on back of card)_________

Name on Card______________________________________________________________

Signature_____________________________________________________________
WARREN WILISON COLLEGE ARCHAEOLOGY FIELD SCHOOL
STUDENT EMERGENCY CONTACT/MEDICAL FORM. Please Print.

Last Name    First Name    Middle Name

Home Address:________________________________________________________

City        State        Zip Code        Date of Birth

Cell Phone Number:  Area Code ________________________________
Home Telephone:  Area Code ________________________________________

Please list the people you would like to be notified in case of emergency, including a local contact.
IN CASE OF EMERGENCY, CONTACT:

1.)
Name        Relationship
______________________________________________________________
Street Address    City    State    Zip Code
Home Telephone         Work/Daytime Number        Cell Phone Number

2.)
Name        Relationship
______________________________________________________________
Street Address    City    State    Zip Code
Home Telephone         Work/Daytime Number        Cell Phone Number

Are you allergic to anything?  
No._____ Yes: Please list all allergies, __________________________________________

Are you taking any medication we should be aware of?  
No._____ Yes: Please list all medications we should be aware of__________________________

Do you have any medical/mobility/mental health concerns of which we should be aware?  
No._____ Yes: Please list medical/mobility/mental health concerns that we should be aware of.
_________________________________________________________________________________

The information requested on this page is confidential and for emergency use only. In the event of a medical emergency, this information will be used by the Field School Personnel and emergency personnel. Please be honest when completing this form.

Signature:_________________________    Print Name:_________________________    Date:________

If under 18: In the case of emergency, I give permission for my/ my child’s information to be released to emergency personnel. I also agree that any of my/ my child’s emergency contacts listed on this form may be notified in an emergency, as needed.

Signature:_________________________    Print Name:_________________________    Date:________
Warren Wilson College Archaeology Field School and
Wall Center for Archaeological Research
Student/Volunteer Liability and Photo Release Form

I, ___________________, hereby release, indemnify, and hold harmless Warren Wilson College, the Exploring Joara Foundation, Tulane University, University of Michigan, Western Piedmont Community College, and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a student/volunteer from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer/student.

I understand that I am to receive no payment for services from these institutions. I am not an employee. I will not be entitled to and will not receive Worker’s Compensation benefits or other similar payments from Warren Wilson College, the Exploring Joara Foundation, Tulane University, University of Michigan, or Western Piedmont Community College, under the law of the State of North Carolina in the event that I am injured.

I hereby provide consent to these institutions to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may take or make of me during my work as a volunteer/student in which I may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby waive all claims for compensation of such use or for damages.

I acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of the staff.

___________________________________________________ _____________________
Signature of Volunteer/Student       Date

__________________________________________________ ______________________
Signature of Parent/Guardian (if under 18 years old)    Date
Skip if not registering for college credit.

STUDENT INFORMATION

Social Security Number: _____ - ___ - _____

Student’s Name: ______________________ _____________ __________
  last       first                  middle

Permanent Address: __________________________ (___) ___ _ - _____
  street      home phone

______________ ________ ________ ________ ________ ________
  city           state/country      zip code           cell phone

Birthplace: ____________________________ Date of Birth __/__/____

Parent/Guardian 1 Name: __________________________
  last                            first                            middle

Address: ____________________________ (___) ___ _ - _____

Same as permanent

______________ ________ ________ ________ ________ ________
  city           state/country      zip code           cell/work phone

Parent/Guardian 2 Name: __________________________
  last                            first                            middle

Address: ____________________________ (___) ___ _ - _____

Same as permanent

______________ ________ ________ ________ ________ ________
  city           state/country      zip code           cell/work phone