

## DIG HISTORY! At the Abingdon Glebe Archaeology Day Camp



Science. History. Anthropology. Deductive reasoning. Archaeology demands a lot of its devotees, but the payoffs can be epic, ranging from life-changing discovery to a new appreciation for very old cultures. If your child roams your backyard with a shovel, combs riverbeds for arrowheads, or dreams of being the next Indiana Jones, then our archeology day-camp may be just the break that your child -- and your lawn -- needs.

**DIG HISTORY! At the Abingdon Glebe Archaeology Day Camp** in Gloucester may be just the ticket. Located at the Historic Abingdon Glebe house, the camp offers children from fourth through sixth grades the opportunity to help excavate at the Abingdon Glebe historic site. The camp will run from Monday, June 18<sup>th</sup> through Wednesday, June 20<sup>th</sup>. The last day of the camp includes a field trip to the archaeological dig in Jamestown. The camp begins at 10AM and ends at 3PM. The cost is \$20 payable to St. James Anglican Church. Lunch will not be provided, so please pack your child's lunch.



The camp is a joint project of St. James Anglican Church and the Fairfield Foundation. To register, please contact Fr. Kevin Sweeney at (804)824-9552 or email him at [kevin1sweeney@yahoo.com](mailto:kevin1sweeney@yahoo.com) for a registration form.

The camp will take place at St. James Anglican Church which is located off of Route 17 in Gloucester behind Ken Houtz Chevrolet.

DIG HISTORY! At the Abingdon Glebe  
Archaeology Day Camp  
Registration Form  
**Final Registration Deadline: June 8, 2011**  
(or whenever the camp is full)

**Please PRINT or TYPE**

Camper's Name: \_\_\_\_\_

Name or nickname: \_\_\_\_\_ Girl\_\_ Boy\_\_

Address: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Age:\_\_\_\_\_ School grade this fall:\_\_\_\_\_

**Parent or Guardian Names:**\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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Camp Dates: June 18<sup>th</sup> - June 20<sup>th</sup> .....4<sup>th</sup> Grade through 6<sup>th</sup> Grade

A \$20 registration fee must be sent with this form.

**Please read before signing:** I understand that the camp takes place on church property, and that the camp is sponsored by a church. I will cooperate fully with the camp leaders for a safe, happy, and meaningful experience.

**Day Camper's Signature:**\_\_\_\_\_ Date:\_\_\_\_\_

**Parent/Guardian Signature:**\_\_\_\_\_ Date:\_\_\_\_\_

Mail this registration with completed health form, permission slip/waiver and payment to:

Fr. Kevin Sweeney  
St. James Anglican Church  
PO Box 1301  
Gloucester, VA 23061

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Archaeology Day Camp  
Health Form

**Please PRINT or Type**

Camper's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name and phone number of day camper's personal doctor:

Name: \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Does the camper have now or has the camper ever had any of these problems? **(Circle all that apply)**

Heart disease      Asthma      Polio      Diabetes      Epilepsy      Allergies

Please explain any past or present medical conditions \_\_\_\_\_

\_\_\_\_\_

List allergies, including any allergies to food \_\_\_\_\_

\_\_\_\_\_

When was the day camper's last tetanus shot? Date \_\_\_\_\_

List anything that may restrict this camper's participation in any activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The parents and guardians are responsible for administering any medication that the child may require in the course of the camp.

**Person to contact in emergency:** \_\_\_\_\_

**Relation to camper:** \_\_\_\_\_

**Day Phone:** ( \_\_\_\_ ) \_\_\_\_\_

**Cell Phone:** ( \_\_\_\_ ) \_\_\_\_\_

DIG HISTORY! At the Abingdon Glebe

Archaeology Day Camp  
Permission Slip/Waiver of Liability

Camper's Name: \_\_\_\_\_

**Parent or Guardian Names:** \_\_\_\_\_

RELEASE OF LIABILITY & PARENT/GUARDIANS  
AGREEMENT/AUTHORIZATION/RELEASE: I understand and acknowledge that participation in any camp activity is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff of St. James Anglican Church to obtain medical/hospital treatment for the above participant in the event of an emergency.

I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and that all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the Fairfield Foundation/St. James Anglican Church program, including transportation to the Jamestown Archaeological Site.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the Fairfield Foundation and St. James Anglican Church, as well as individuals and entities related to the Foundation and the Church, from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injury sustained by me or my child as a result of his/her participation in the programs stated above.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

\_\_\_\_\_  
Signature of Parent/Guardian of participant

\_\_\_\_\_  
Date