

PROGRAM APPLICATION

IMPORTANT DATES:

April 1, 2019	Application due.
April 15, 2019	Students will be informed via email of their acceptance to the program.
May 1, 2019	\$500 deposit due.
June 4, 2019	\$2,300 final fee payment due.
July 7, 2019	Mandatory pre-departure orientation.

PROGRAM REQUIREMENTS:

In order to be eligible to participate in the program, students must:

- Be in good academic and disciplinary standing.
- Submit a complete application packet by April 1, 2019.
- Assume financial responsibility for program expenses and agree to all terms and conditions to ensure a safe and effective experience.

APPLICATION CHECKLIST:

Be sure to complete all sections of this application. Applications will be reviewed by the program faculty in the order received. You will be notified when your application has been accepted, and program updates and important communication will be sent to your Chico State email.

- | | |
|---|---|
| <input type="checkbox"/> Participant Information Form | <input type="checkbox"/> Emergency Contact & Medical Information |
| <input type="checkbox"/> Financial Statement | <input type="checkbox"/> Authorization for Release of Information |
| <input type="checkbox"/> Program Fee Payment Schedule | <input type="checkbox"/> Release of Liability Waiver |
| <input type="checkbox"/> Statement of Purpose | <input type="checkbox"/> Student Code of Conduct Agreement |
| <input type="checkbox"/> Health Statement | <input type="checkbox"/> Photocopy of your Student ID Card |

PARTICIPANT INFORMATION FORM

Name: _____ Student ID Number: _____

Major: _____ Gender: Male Female Nonbinary _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Class Level: _____ Expected Graduation Date: _____

Have you ever been on disciplinary probation? Please check one: YES NO

If "yes," please attach a one page letter to this application, describing the infraction, and explaining why you feel this past infraction is not an indication of your ability or willingness to represent CSU, Chico and the U.S.A. with dignity and pride while abroad.

I certify that the information given in this application is true and complete and that I have read and understood the program requirements. I understand that important information pertaining to this program will be sent to me via email, and that it is my responsibility to read all updates and report any problems with my email account to the Center for Regional & Continuing Education immediately. I understand that completion of this application is not a guarantee of my acceptance into this program and that my eligibility to participate in this program will be determined by my application, my disciplinary history at all universities I have attended (including, but not limited to previous exchange programs I have participated in), and possibly an interview. By signing below, I consent to a complete review of my history of disciplinary standing. I understand that I am only eligible for this program if the results of this review indicate that I have a history of good disciplinary standing and that I meet all of the requirements for the program.

Signature: _____ Date: _____

Print Name: _____

FINANCIAL STATEMENT

The total estimated cost of this participation in this program is approximately \$3,200, depending on personal spending while traveling.

PROGRAM FEES: \$2,800

Program fees include course registration; lodging and meals (20 days); ground transportation in California and Nevada; field trips and related course activities; instruction, and supervision at service learning sites. No textbooks are required for the program. Readings and other course materials will be provided.

Please select your course registration:

- ANTH 380 (4 units, undergraduate)
- ANTH 480 (4 units, undergraduate or graduate)

PERSONAL EXPENSES (variable; approximately \$400)

Personal expenses include required camping and field gear as well as additional food and incidentals you may wish to purchase while in the field. Unexpected and urgent expenses may arise while in the field. Be prepared!

CSU, Chico Archaeological Field School 2019

EXPLORING THE BASIN & RANGE  JULY 8-31, 2019

PROGRAM FEE PAYMENT SCHEDULE

\$500 non-refundable deposit: May 1, 2019

\$2,300 balance due: June 4, 2019

You may pay with Visa/MC, Check (payable to CSU, Chico), Money Order, or Cashier's Check at the Regional & Continuing Education office.

If the program's minimum enrollment is not met, the deposit will be refunded to you.

I fully understand the costs of participating in this program, and I understand that program fees are non-refundable. I realize that I am responsible for air fare and personal expenses and that the estimates provided are subject to change due to fluctuations in the exchange rate, airline rates, and other changes not under the control of CSU, Chico. I understand that if my expenses exceed my resources, it is my responsibility to explore additional sources to finance the difference. Furthermore, I understand that it is my responsibility to budget my resources while participating in this program in such a way that I am able to cover all costs, including but not limited to additional travel, personal needs, and entertainment.

Signature: _____ Date: _____

Print Name: _____

STATEMENT OF PURPOSE

Name: _____

Please discuss:

- 1) *What are the reasons that you are taking the field school?*

- 2) *What coursework or experiences have prepared you for archaeological fieldwork or field camping?*

HEALTH STATEMENT

It is vital for the CSU, Chico to have your current health information on file in case of an emergency. Please inform Continuing Education or your instructor of any changes in your health prior to and during the program, including prescription medications. *This information will **not** affect your eligibility to participate in the program and will remain confidential.*

Please answer the following health questions completely and to the best of your knowledge. ***If you answer YES to any of the questions, please describe on the space provided or use an additional page if needed.***

1. Do you have any dietary restrictions or known **food allergies**? Describe any. Yes No

2. Do you have any **allergies to medication(s)**? List any and describe the reaction. Yes No

3. Are you **taking any medication(s)**? List all medications and what each treats. Yes No

4. Do you have any disability, condition or impairment that prevents you from participating fully in field activities?? Yes No

5. Do you require any other special accommodations (special services)? Yes No

6. Are you currently undergoing treatment for any reason? Yes No

7. Do you have any other allergies? Please specify. Yes No

I certify that the information on this statement is correct.

Signature: _____ Date: _____

Print Name: _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Participant Name (Last, First): _____

Emergency Contact

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip, Country: _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Participant Medical Information

Primary Physician: _____

Phone Number: _____

Medical Insurance Company: _____

Policy/Group Number: _____

PLEASE NOTE

Completing this form is voluntary. It will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Signature: _____ Date: _____

Print Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Consent to disclose information to a parent, guardian, or other trusted person(s).

I, _____, give my consent for the Program Director and the staff of CSU, Chico and Regional & Continuing Education to release any information for the purpose of discussing any matters pertaining to my student status and situation during the program dates (July 8-31, 2019) to the following person/people:

(Only one person is necessary; however, you may name two if you wish.)

Name: _____

Relationship: _____

Phone Numbers: _____

Primary: _____

Secondary: _____

Address: _____

Name: _____

Relationship: _____

Phone Numbers: _____

Primary: _____

Secondary: _____

Address: _____

Any information shared with the individual(s) authorized to receive information is confidential and may not be shared with a third party.

Signature: _____ Date: _____

Print Name: _____

Student ID Number: _____

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: July 2019

Activity Dates: July 8-31, 2019

Activity Location: Concow Lake, CA and Vya, NV

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Chico; CSU, Chico Research Foundation; University Foundation; and their employees, officers, directors, volunteers, and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to, from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature: _____ Date: _____

Print Name: _____

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If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

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STUDENT CODE OF CONDUCT FOR OFF-CAMPUS ACTIVITIES

All Instructionally Related Activities (IRA) programs are representing the University at all times, and as such, are governed by the Code of Conduct regulations for student behavior as outlined in Section 41301 of Title 5, California Code of Regulations.

IRA Student Team Member Responsibility

IRA student team/program members are responsible for the conduct of their team members during any approved off-campus activity. Failure to adhere to the California Code of Regulations or the IRA Code of Conduct may result in university sanctions of individual team members, loss of program funding, and/or program suspension.

IRA student participants must adhere to Section 41301 of Title 5, California Code of Regulations pertaining to alcohol and or illegal drugs while serving as a representative of the team and the university during all approved off-campus activities.

For a more thorough explanation, please visit <http://www.csuchico.edu/pres/em/2018/18-009.shtml>. Actions that may result in loss of the right to participate in an IRA program include, but are not limited to:

- Any behavior that violates Section 41301 of Title 5, California Code of Regulations, and results in placement on disciplinary probation and above by the Student Conduct, Rights and Responsibilities Office
- Academic performance that results in placement on academic probation, or a GPA below 2.0
- Violating the Alcohol and Drug Policy

Date Signed

Name of IRA Program

Print Name and Signature of Student