

**EXCAVATION - Site:** Caune de l'Arago

**Year:** 2017

**SURNAME:**

**First name:**

**Date of birth:**  
(dd/mm/yyyy)

**Place of birth:**

**Nationality:**

**Gender:**

*Photograph*

**Address:**

**Zip code:**

**Town:**

**Country:**

**Phone:**

**E-mail:**

**Ongoing studies:**

**Qualifications:**

**Excavation experiences** (sites, ages):

**Relevant address in case of accident:**

**Phone:**

**Tetanus vaccination up to date:** YES NO

**Social security n°:**

**Known allergies:**

**Particular health problems:**

you wish to mention (dizziness, blood pressure fluctuations,...)

**Arrival date:**

***Signature:***

**Departure date:**

Participants agree to comply with the regulation of excavations  
Please join a letter disclaiming the organizer's responsibility in case of accident  
Return this form as early as possible in order to be allowed to participate