

Arizona Rivers

Parent/Guardian Permission Form



Participants for Arizona River's Riparian Research Experience will be selected based on their interest in environmental science, their willingness to learn, their maturity and ability to work with other students and adults. While we expect this experience will be exhilarating, the schedule is challenging and requires a strong desire to stay focused and learn new things. Please fill out the following information as completely as possible.

Student's name: _____	Birth date: _____
Mother/Guardian Name: _____	Relationship: _____
Home #: _____	Work #: _____
Cell #: _____	
Father/Guardian Name: _____	Relationship: _____
Home #: _____	Work #: _____
Cell #: _____	
Mailing Address: _____	AZ, Zip: _____
Parent's email: _____	Student email: _____
School Spr 08: _____	School Fall 08: _____
Grade level next Fall: 9 10 11 12	

Permission and Consent Form

I, _____ give my child permission to attend Arizona River's Riparian Research Experience from June 15- July 2, 2008.

I, _____ certify that my child can swim and has permission to be around open and flowing water.

I, _____ have read and understand the form titled "Field Risks". While every effort will be made to follow safe procedures, the field activities that are inherent to this program take place in an outdoor environment with the potential for interactions with extreme weather, wild animals and difficult terrain.

As with any program involving minors, we need to be aware of any and all medications that this child has permission to take. Please be specific as to name, dosage, frequency and effects:

Please let us know of any special issues, such as dietary restrictions, food or drug allergies that we should be aware of.
