

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 well 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 09: _____ | School Fall 09: _____ | |
| 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 5- June 20, 2009.

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.

