



APPLICATION CHECKLIST

Please make sure all of the following documents are returned with your completed Application:

- _____ 1. AZrivers – RRE Student Application (2 pages maximum)
- _____ 2. Parent/Guardian Permission Form
- _____ 3. Arizona Rivers RRE – Parental Field Consent Form
- _____ 4. Student Conduct and Rules Acknowledgement
- _____ 5. Emergency Contact and Medical Information
- _____ 6. Medical Authorization Form – Prescription Medication
- _____ 7. Medical Authorization Form – Non-Prescription Medication
- _____ 8. Arizona Rivers – Photo Release Form
- _____ 9. Arizona Rivers – Van Permission Form

Completed Application Packets should be returned to:

**Dr. Martha Whitaker
POB 210011
Tucson, AZ 85721-0011**

OR

FAX # - 520-621-1422

OR

Email: mplw@hwr.arizona.edu

Reminder: Applications are evaluated upon arrival and only a limited number of participants will be accepted for this summer's Riparian Research Experience.

Application deadline is May 15, 2009.



AZRivers – RRE Student Application Form

Participants for Arizona River’s Riparian Research Experience (RRE) will be selected based on their interest in environmental science, their willingness to learn 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.

We expect that students who take part in the RRE will develop a longer-term research project during the regular school term. Examples of research projects might be anything from monitoring the water quality on a near-by stream, working with a local watershed group to stabilize the bank of the stream, monitoring birds or reptiles found in a dry wash near your home or developing an aqua-culture system at your school. While we understand that not all students will have a good idea of what they might study, please do your best to describe something you are interested in that you would be willing to work on during the school year. Like all good science, we expect this plan to evolve and even change as you become more knowledgeable. We encourage RRE students to work with other students and their teachers to implement their school research projects.

Student safety and student mentoring are also extremely important to us. Below, we ask you for the name of a research mentor. Again, this may be hard to determine before your project is finalized so start by asking teachers or perhaps an environmental scientist you already know – someone who can at least help you get started. Let us know if you need help to find a specific water professional/ mentor in your area. One of your parents might be a good initial mentor but we encourage you to look beyond your family in the long-term.

Please type answers to the following questions on a separate sheet of paper – 2 pages maximum. Please be sure that your application includes your name and how to contact you.

1. Your grade level next Fall: 9 10 11 12
School name Spring 09 _____ and School name Fall 09 _____
2. Describe your interest in rivers and riparian systems.
3. Describe what you expect to get out of this experience.
4. Describe any previous outdoor education experiences.
5. Describe any previous leadership experience.
6. Describe a *preliminary* idea for a follow-up research project related to the study of riparian rivers and/or ecology.
7. What is the name of your research mentor and their relationship to you? How will you benefit from this collaboration?
8. Do you need financial aid to help defer the \$700 cost of this experience? Yes No

My family can pay \$ _____ towards the registration cost of \$700.

Applications are being accepted now! No applications will be accepted after May 15, 2009

Send to: Arizona Rivers, c/o Martha Whitaker, POB 210011, Tucson, AZ 85721-0011

Arizona Rivers is funded by SAHRA and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University

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.



Arizona Rivers RRE – Parental Field Consent form

Participants of this field trip will be outside every day of the course. Summer temperatures in Arizona can vary from 50F to over 100F. Participants need to bring clothing appropriate to cover the expected temperature ranges, particularly light weight **long** pants or shorts, long sleeved shirts and **closed-toe shoes or boots**, to protect them from the sun and other field hazards. Wearing a hat and frequent application of sunscreen (with a minimum SPF 30) is highly recommended. Field exercises often include hiking to observation sites (could be up to a 2 miles). We will be around shallow water and all participants are expected to be competent swimmers, or to notify the trip leaders of their swimming experience. Participants should be aware of their surroundings, as **rattlesnakes, scorpions, venomous spiders, etc., are common in Arizona.** Participants should carry a supply of water at all times, and drink frequently – it is easy to become dehydrated and not be aware of your condition.

While this field camp does not seek out extreme conditions, it does largely take place outdoors during Arizona’s hottest month when chances of sudden monsoon storms or other unpredictable conditions may occur. The instructors will exercise the utmost care in monitoring the students and camp setting to minimize risks, however parents should be aware that risks are inherent in any field camp experience and might include but are not limited to the following:

1. Vehicle accidents while moving from site to site
2. Food allergies and insect/snake bites
3. Tripping or falling while hiking in or around water (slippery rocks) or on trails
4. Illness due to water or food contamination
5. Accidental drowning
6. Heat stroke/dehydration or hypothermia due to exposure to the elements
7. Body aches and pain associated with overexertion
8. Scrapes, cuts and bruises associated with normal activities, minor accidents or carelessness.

Participant’s name (please print): _____

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. I have read and understand the foregoing statement regarding expected field risks and give permission for my child to participate in Arizona River’s RRE from June 5-June 20, 2009.

Signed: _____ Date: _____
Parent or guardian

I would rate my child’s **swimming ability** as: non-swimmer beginner good

IMPORTANT NOTICE ON BACK →

Arizona Rivers is funded by **SAHRA** and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University

IMPORTANT!!!!

PERSONAL INSURANCE

Students are required to have health insurance coverage. Students should consider having insurance on any valuable personal property such as cameras, rings, etc. All participants should carry a copy of their insurance card with them at all times.

PHYSICAL DISABILITY

If a student has a disability or a physical condition that will not allow a normal range of activities, this student is to declare so by presenting a physician's letter stating the limits of physical activities to the instructors before the start of class.

MEDICAL CONDITIONS

Any medical conditions of the participants must be brought to the attention of the instructors in advance of the course, *in writing*, particularly sensitivities or allergies to food or medicine.



STUDENT CONDUCT and RULES

Program participants should be on their best behavior and consider themselves to be representatives of Arizona Rivers and are expected to behave with the utmost consideration for everyone we come in contact with. Whether we are on public lands or on lands belonging to private groups, your actions will affect our future access and welcome. Federal, state and local laws and regulations are to be obeyed at all times. It is important to avoid accidents, to exercise common sense, and to exhibit consideration for your fellow course participants. Failure to follow these rules can result in the guilty parties being sent home.

1. We will follow a no smoking policy – not only for consideration of fellow participants but because the consequences of wildfires is so great. In accordance with federal and state laws, the use of illegal drugs and alcohol is strictly forbidden. Participants found to be in possession of these items will be sent home at their own expense.
2. We will be around water as much as possible. All participants are expected to be competent swimmers. If we should go out on a lake in a boat, life jackets are to be worn at all times. Streamside banks and rocks are slippery – so no pushing or running.
3. **Rattlesnakes, scorpions, venomous spiders, etc., are common in Arizona.** Be aware of your surroundings, stay on the trail if possible and be cautious around shrubs and rocks.
4. Keep your distance from all wildlife, particularly if an animal is acting strangely – this is one sign of rabies. Wildlife should not be harmed and wild animals should not be handled. Most animals have ticks and fleas, which can carry endemic diseases (bubonic plague, for example). Pets are not to be brought to the field camp.
5. University vehicles (vans, trucks, boats, etc.) are to be used only in direct support of the instructional program; they will not be used for off-hour excursions.
6. No group may leave for the field without first aid kits and vehicle emergency kits.
7. Our camp site or overnight quarters are to be kept clean, orderly and quiet.
8. Any course participant who feels the least bit uncomfortable with the manner in which any vehicle is being operated or with any other safety issue should contact the field camp director, Jim Washburne, 520-626-4107, jwash@hwr.arizona.edu, ASAP.

I have read, understood and will abide by these rules,

Signed: _____

Date: _____

Arizona Rivers is funded by SAHRA and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University



Emergency Contact and Medical Information

(to be filled out by parent or guardian)

Participant's Name: _____

Gender: male female

Participant's Address: _____
Street City State Zip

Date of Birth: _____

Participant's Phone: _____

Participant's email: _____

Mother or Guardian

Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Email: _____

Signature: _____

Father or Guardian

Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Email: _____

Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Specialty City State Phone

OTHER: _____
Name Specialty City State Phone

Name of Insurance Company _____ User #: _____ Group #: _____

In case of an emergency, or if I cannot be contacted please contact the following person(s) to help track me down.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____
Street City State

Address: _____
Street City State

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

Medical Information (information about medications is contained on a separate form)

Is your child allergic to food, medicine or other substances? **Yes No**

(If yes, name foods, medicines or substances to be avoided and procedure to follow if reaction occurs.)

Are there any physical conditions that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing/sight impairment, hernia, etc.)? **Yes No**

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that I will be liable for the expense of this service.

Parent or Guardian printed name

Signature

Date

Arizona Rivers is funded by SAHRA and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University



MEDICAL AUTHORIZATION FORM – PRESCRIPTION MEDICATION

Participant's Name: _____ Date of Birth: _____ Gender: M F

For AZrivers staff to administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating the participant's name, date, name of medicine, dosage and timing, expiration date, prescribing physicians name and phone number, pharmacy name and phone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications can only be given to the person listed on the label.
- A separate authorization is required for *each* medication and *each* episode of treatment.
- The label constitutes the physician's/nurse practitioner's order.
- Participant must take the medication with the permission of an Arizona Rivers staff person and this usage is to be recorded below.

Medication: _____

Description of container: _____

Reason for giving: _____

Possible side effects: _____

Special handling instructions: _____ Refrigeration: Y / N

Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Dosage: _____ Times to be given: _____ AM _____ PM

Last dosage was given at _____ AM / PM on date ____ / ____ / ____ by: _____

Route: by mouth, skin (location), eye (R/L)

I give permission for my child to carry and use this medication at their discretion (ie. for irregular or emergency use of inhalers, asthma, insulin, etc.)

Parent or Guardian printed name Signature Date: _____

Medication Log

| | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | |
| Initials | | | | | | | | | | |

| | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | |
| Initials | | | | | | | | | | |

Arizona Rivers is funded by SAHRA and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University



MEDICAL AUTHORIZATION FORM – Non-Prescription Medication

Participant's Name: _____ Date of Birth: _____ Gender: M F

For Arizona Rivers staff to administer non-prescription medications:

- The medication must be in its original container, with a participant's name on the container.
- Parent is required to bring these medications from home.
- Medications can only be given to the person listed on the label.
- Participant must take the medication with the permission of an Arizona Rivers staff person and this usage is to be recorded below.

Medication: _____

Description of container: _____

Reason for giving: _____

Possible side effects: _____

Special handling instructions: _____ Refrigeration: Y / N

Start date: ____ / ____ / ____

End date: ____ / ____ / ____

Dosage: _____ Times to be given: _____ AM _____ PM

Last dosage was given at _____ AM / PM on date ____ / ____ / ____ by: _____

Route: by mouth, skin (location), eye (R/L)

I give permission for my child to carry and use this medication at their discretion.

Parent or Guardian printed name Signature Date: _____

Medication Log

| | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | |
| Initials | | | | | | | | | | |

| | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | |
| Initials | | | | | | | | | | |



Arizona Rivers – Photo Release form

Purpose: Photographs are a great way to document field and workshop participation, to share the experience with other educators and sometimes even to use in public to promote this effort. We seek your permission to use photographs of you taken on the dates and location circled below for these purposes without prior notification. It is possible that your picture could end up in an electronic or print publication of this event, including on our web site or brochure, or distributed outside of normal University/College venues for the purpose of promoting Arizona Rivers. Please make sure this photo release is included in your Application Packet.

Participant (please print)

Name: _____

School/Organization: _____

Email/Phone: _____

I have read and understand the foregoing photo release and give permission to Arizona River personnel to photograph me during the 2009 Arizona Rivers Riparian Research Experience.

Signed: _____ Date: _____
Participant

Signed: _____ Date: _____
Parent/Guardian

Fax or mail this form to: Martha Whitaker, mplw@hwr.arizona.edu; **FAX: 520-621-1422**.
Arizona Rivers, c/o Martha Whitaker, POB 210011, Tucson, AZ 85721-0011

Arizona Rivers is funded by **SAHRA** and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University



Arizona Rivers RRE – Van Permission form

Purpose: During our up-coming Arizona Rivers workshop and Riparian Research Experience, we will use University/College vans to go to nearby field sites (or to travel around Arizona for students participating in the RRE). In general, travel will be over well-maintained roads. All drivers will be appropriately certified to drive their vehicles. Our Universities require that each rider provide emergency contact information and a signed parental consent if the participant is not yet 18 years of age. We are required to submit this information several days in advance of the workshop so please make sure this document is signed and included in your application.

Participant (please print)

Name: _____

School/Organization: _____

Address/City/Zip: _____

Email/Phone: _____

Emergency Contact

Name: _____

Relationship to participant: _____

Daytime Phone: _____

Evening Phone: _____

I consent to be transported during this workshop by University/College maintained vans.

Signed: _____ Date: _____
Participant or parent/guardian if under 18

Fax or mail this form to: Martha Whitaker, mplw@hwr.arizona.edu; **FAX: 520-621-1422**.
Arizona Rivers, c/o Martha Whitaker, POB 210011, Tucson, AZ 85721-0011

Arizona Rivers is funded by **SAHRA** and includes partners at:
The University of Arizona, Phoenix College and Northern Arizona University