









Bed, Linens, Towels, Hat, Waterbottle Provided

instructions to include name of medication, dosage, administration times/days, etc.), long

socks for wader wearin' (optional)







AJnc

- Arrive CSU Mountain Campus 5:00 PM 5:30 PM
 - Lunch On-the-Go (NAFWS Provide)
- Leave DIA 3:00 PM (aside I student w/ 3:50 p.m. arrival)
 - National SYP Signs
 - National SYP Name Tags
 - NAFWS Shirts
- National SYP Staff will be in the airport (by escalators)
 - Upon arrival --> Baggage Claim
 - - Flights Arrive between 6:00 a.m. 3:50 p.m.

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Travel Day Logistics

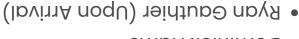
	的。公众是这些社会人名法德	with other students
	Signature of Parent or Guardian:	Students will be rooming
	Parent or Guardian, I have read, understand, and accept all the conditions above and over-riewed them with student:	12 cri coro o 11 cl 11:11 c t cro lo 11:40
	Signature of Student: Date:	
	Student, I have read, understand, and accept all the conditions above:	əsuədxə
	Practicum	OSGOGAO
State of Perent or Guardian:	25. I release and waive my right to bring any claims I may have against the NAPWS and their officials, employees and agents for personal injury or property damage due to my participation in the 2024 National Summer Youth	pome on parent's
Name of Parent or Guardian (Printed):	24. I will achere to these and all other rules of the National SYP including COVID-19 guidelines and Colorado State University Mountain Campus and YMCA of the Rockies.	bome on parent's
for personal Injury or property damage due to my child's travel to and from, and participation in, the SYP.	understand that by doing this, I will be sent home AT MY PARENTS/GUARDIANS' EXPENSE.	ande Buida ili ancol
their departure for the National SYP including submitting a negative COVID-19 form to the MAPWS. 10. I release and waive any claims that I may have against the MAPWS and their officials, employees and agents	abem. 23. I understand that bullying and/or hazing (physical, verbal, emotional, sexual, mental) is not acceptable. I	result in being sent
9. I understand that if my child is not vaccinated, my child must have a negative COVID-19 test 48 hours prior to	LZ. I understand that no visitations from family, friends, etc. is allowed during the entirety of the program. If parents/guardians want to pick up or drop off students at the program, pre-arrangements must be	Lucado a la l
responsible for returning travel costs that were sent by check. Further, I may be responsible for returning the travel costs that are associated with the purchased airfare ticket.	collar) any headphones, earphones, and/or air pods, UNLESS given permission by staff.	pnllying, weaponry –
be completed and will be on file. 8. I understand that if my child withdrawal's their participation within fourteen days prior to travel date, I will be	 I understand that foul language and/or cursing will not be tolerated. I understand that during National SVP sessions and activities, I will not wear (i.e. earphones hanging from shirt. 	
7. I understand that as part of my child's application, the STUDENT EMERGENCY INFORMATION FORM is required to	 I understand that there will be no smoting nor vaping allowed, tobacco is allowable for Traditional purposes only (as approved by staff members). 	🖡 • No drugs, alcohol,
 I understand that bullying and/or hazing is MY Overwitted and that if my child is caught bullying and/or hazing, I will pick him/her/them up immediately MT AVW OWN EXPRES. 	8. I understand that NAFWS is not responsible for any loss or stolen items.	
5. I understand that drugs or alcohol use are NOT permitted and that if my child is caught under the influence, I will pick him/her/them up immediately TA WW VM TA Year.	negligence, recklessness or destructive behavior. 7. I understand that no water balloons, fireworks, lighters, or fire matches will be allowed.	
consisted WARWS will endeavor to ensure a safe and enjoyable experience.	6. I understand that I may be held responsible for any damage to Mational SYP equipment or facilities due to	
from the child's home to the location of the 2024 National Summer Youth Practicum (SYP) and the child's return trip home. I understand that the SYP participants will be chaperoned responsibly while attending the SYP, and	5. I will not use, bring or attain drugs or alcohol during the National SIZ lenders and I understand that by doing this, I will be sent home transformed and I was SIZ I will be sent home that are sent home.	the National SYP
understanding that I will be contacted immediately. 4. I understand that the NAFWS will not provide chaperones for, nor be responsible for, a child while in transit	20:30 pm and that there will be a bed check every night by a chaperone. I understand that there must be quiet time between 10:30 pm and 6:30 am.	
3. I give my consent and permission for hospital staff to treat my child if needed in case of an emergency, with the	yd 700 ed reum tridgil lie serts bne mq 00:00 safter after 20:00 pm and stid geld no on serts all lights must be god yby	during the duration of
for any theft, injury, or illness where my child is concerned. 2. I give permission to any chaperone or staff member to render first aid, if necessary.	I will conduct myself in an appropriate manner and be respectful and courteous as a representative of my Tribe. I will sleep where assigned and realize that I may be roommates with students I have never met.	
1. I understand that the Native American Flah & Wildlife Society (NAFWS) or the chaperones will not be responsible	 I will participate in and be on time to all session and activities, unless excused by a staff member. 	No family, friend visits
participate in all activities and events, and for my child to receive all necessary medical attention should the need arise, with the understanding that I will be contacted immediately. Furthermore:	STUDENT: I,	
PARENT/GUARDIAN: I have read, understand, and agree with the following terms. Permission is given for my child to	learning environment, we request students and parents/guardians to assume certain responsibilities.	
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		excused by staff
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(972 IBRIGIAN MUDITARS HTUOY SAMMUL SANOITY NATIONE SAUGHT PRACTICUM (National S/P)	(9YZ BENCHEW PIEW & WILDLIFE SOCIETY NATIONAL SUMMER YOUTH PRACTICUM (National Sylvanian)	uecessalh; nujess
		330/411 /40330304
		Participation is

Contract Reminders

Travel Day Logistics

HIRPORT STAFF:

- Ashley Mueller
- Wade Reiter
- Katie Smith-Easter
- Ariel Vaughan
- Dominick Harris







Maiver Ropes Course

Please Review & Sign

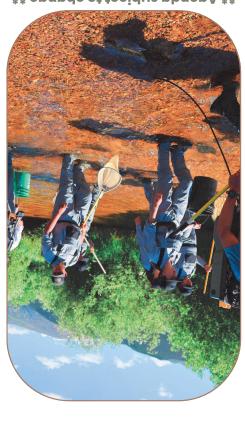


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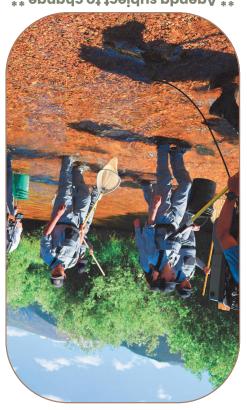
**High ropes exercises are optional. shaded areas, latrines. in ropes course boundaries including benches, be mandatory & waiver is needed to be allowed to be Student participation for on-the-ground activities will

*Bella, Chase, Hannah, Joseph, Taytum, Tehya and Emerald



** Agenda subject to change **

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CSU SPUR Campus | Final Presentations | Awards

to Estes Park, CO Warner College Tour | NACC | Wildlife Disease | Travel Thursday: Trip to CSU Main Campus, Ft. Collins, CO

Overview of the Week

Fisheries | Wildlife Camera Monitoring Tuesday: CSU Mountain Campus

Building | Group Project Orientation Tribal Management | Ropes Course | Team Monday: CSU Mountain Campus

Overview of the Week



** Agenda subject to change

Sunday: Travel Home

Overview of the Week



