Congratulations! You have been chosen to participate with SRAP 2017. Enclosed is all the information you will need to complete the registration process. If at any time you or your parents/guardians have questions, comments, or concerns, please feel free to contact me and I will be happy to assist you in any way possible.

I cannot stress enough the importance of thoroughly reading and understanding the Parent/Participant Handbook that is enclosed in your registration packet. This handbook is the result of 31 years of SRAP and I am thrilled that you are going to become a part of this long-standing program. Be sure parent(s) have a hard copy at home. Participants will be provided one June 18th at Orientation.

This program is a six-week paid program, thus it is critical that you are here at UW for the duration of the program.

Enclosed you will find the following forms:

◊ Participant and Parent Program Registration Packet. These forms are used to ensure that we have all the information that we need for the participants to have a safe and fun summer. The medical forms are perhaps the most important of these forms, but all of them need to be completed in clear hand writing.

◊ Travel Permission Form. This form is not needed for any travel done by SRAP as a whole, but rather it could be used to go to dinner with a friend’s family or to travel with a friend to church, field work with their mentor, etc. This form is for the parent(s) to fill out and one copy should be left at home in case it is needed. This form is also available on our website.

◊ SRAP Medical Treatment Consent, Participant Immunization, and Health History Form. For any medical services, parents will need to make arrangements at a local physician’s office. SRAP staff will provide transportation to the appointment. Any fees will be the responsibility of the parent(s)/guardian(s).
◊ University of Wyoming Disclosure and Certificate of Applicant. This form is required for hiring purposes.

◊ The University of Wyoming Direct Deposit Form. This form is required by the University for all employees. The Salary Deposit Authorization form must be filled out and returned with all the other forms. Please make sure to include a cancelled check for this. Participants who do not have a bank account can either open one (at a bank of their choice) or have the funds deposited into an immediate family member’s account, if such a deposit is allowed by the institution (this requires that the Participant’s name is on the account). This form must be notarized at the bank.

◊ Employment Eligibility Verification form or I-9 will be done electronically. Make sure to list a frequently checked email address. PLEASE NOTE THE ACCEPTABLE DOCUMENTATION NEEDED FOR THIS FORM TO BE COMPLETED AND BRING THOSE WITH YOU TO THE START OF THE PROGRAM! I cannot pay you without this, and these must be completed before you start work on the 1st day!!!!!!

◊ W-4 form. This form is required by the federal government. Please fill out the bottom section and return it with your registration packet.

◊ EPSCoR Demographic Information Form. This form allows us to tell the National Science Foundation the Participants we are sponsoring with our grant. Please read over the form before filling it out.

◊ Model Release form. This form gives SRAP permission to take pictures, such as those available on our website to use for advertising purposes. Some of these pictures may end up in our brochures or other literature regarding the program. Please sign and have a parent sign on the bottom below the Sovereign Immunity note so that we can share the opportunity of SRAP with others.

◊ University of Wyoming contract for the Office of Residence Life and Dining. This form confirms that SRAP Participants will follow Code of Conduct to reside in the Honors House.

◊ SRAP Activity Permission and Release. During SRAP Participants will engage in various activities: CSU’s Ropes Course and Blossom Yoga. Please have the Participant and parent sign and fill out the following:

  ◦ UW Climbing Wall

◊ Half Acre Gym and Fitness Center. This form is to let me know whether or not you plan on utilizing the Half Acre gym and fitness center here on campus during your stay. This cost is covered by the program, but I need to know whether or not to sign you up. This form also includes a checklist. Please check off the boxes as you complete the forms and put them back in the mail to me.
◊ Information on flights, hotels and rental cars. Please note that parents planning to the symposium on Friday July 27th should make hotel reservations as soon as possible as hotels will fill up quickly due to Frontier Days in Cheyenne.

*Note: students must be present for the all-day final symposium on July 27th.

◊ University of Wyoming campus map. This map shows all colleges and buildings.

If you have any questions, comments, or concerns please let me know. I look forward to meeting you in person on June 18th!

Sincerely,

Lisa Marie Abeyta  
SRAP Project Coordinator  
307-766-6059  
labeyta1@uwyo.edu
PARTICIPANT INFORMATION

Name __________________________________________ Participant Cell Phone (_____ ) ____________________

Mailing Address

Street                                      City                  State                        Zip

Grade Completed _______   SS# _______________________________  Gender:  Female _____ Male_____

Date of Birth ___________________________ Participant E-mail Address ________________________________

Please indicate if participant needs an accommodation to participate. Please provide details on the Medical
Information Form. Formal accommodations may be requested by contacting Lisa Abeyta, (labeyta1@uwyo.edu or 307-
766-6059).

PARENT/GUARDIAN CONTACT INFORMATION

First Parent/Legal Guardian Name ________________________________________________________________

Street Address _______________________________________________________________________________

City ___________________________ State ___________ Zip _____________________________

Home Phone ___________________________ Work Phone _____________________________

Cell Phone ___________________________ Email _____________________________

Second Parent/Legal Guardian Name ______________________________________________________________

Street Address _______________________________________________________________________________

City ___________________________ State ___________ Zip _____________________________

Home Phone ___________________________ Work Phone _____________________________

Cell Phone ___________________________ Email _____________________________
**EMERGENCY CONTACT INFORMATION**

Provide 2 people who may be called in the event we cannot reach either parent/guardian:

<table>
<thead>
<tr>
<th>Emergency Contact #1 Name</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact #2 Name</td>
<td>Home Phone #</td>
<td>Work Phone #</td>
<td>Cell Phone #</td>
<td>Relation</td>
</tr>
</tbody>
</table>

In the case the Participant becomes ill, violates any program policy, or for any other reason must leave the Program, Program Staff will contact the parent/guardian listed first and then the parent/guardian listed second. If the parent/guardian is unable to be reached, the Participant’s emergency contact will be notified. It is the responsibility of the parent/guardian or emergency contact to arrange for the participant to be picked up as soon as possible.

In the event of an emergency impacting the entire Program, Program Staff will contact the individuals listed above in the same order and provide specific information and instructions based on the nature of the emergency. If an emergency/non-emergency arises and you need to communicate with a participant during the Program, you may contact Lisa Abeyta the SRAP Coordinator. She will be available 24/7 by calling her cell phone 720-971-6112.

**TRANSPORTATION**

Authorized Person(s) for pick-up (as listed on ID): __________________________________________

Authorized Person(s) cell phone number: __________________________________________

Authorized Person(s) for pick-up (as listed on ID): __________________________________________

Authorized Person(s) cell phone number: __________________________________________

At the end of the program, on July 27th, 2017, participants must be picked up at the dorms by 12:00pm on Friday, July 28th, 2017. Participants will not be released to any person not listed on this form. Any person authorized to pick up a participant must be listed on this form. Authorization by telephone will not be accepted. Pick up individuals must have ID available when picking up Participant.

Please indicate whether you plan to keep a vehicle on campus (circle one):    YES   NO

Please note, there is limited parking near the residence halls. Participant will need to pay for a parking pass for the duration of the program. For prices and parking location, please contact Transit & Parking Services, 307-766-9800.

**COMMUNICATION**

If an emergency/non-emergency arises and you need to communicate with a participant during the Program, you may contact Lisa Abeyta the SRAP Coordinator. She will be available 24/7 by calling her cell phone 720-971-6112. For any concerns regarding the Program, reports of violations of the University’s Policy on Minors, or any other concerns, you may also contact the coordinator. SRAP staff and students will communicate via email and cell phone for program changes, details, etc. Information will be exchanged at participant orientation.

Participant Name ___________________________ Parent/Guardian Name ___________________________

Participant Signature ______________________ Parent/Guardian Signature ______________________

Date ___________________________ Date ___________________________
UNIVERSITY OF WYOMING YOUTH PROGRAM RULES AND DISCIPLINARY PROCEDURES

Summer Research Apprentice Program (SRAP)

PROGRAM RULES:

1. The possession, distribution, or use of alcohol or drugs is prohibited.
2. Fireworks, firearms, guns, knives, archery equipment and other weapons are prohibited.
3. The operation of motor vehicles by Minors is prohibited while attending and participating in the Program. Permission for a Minor to drive from the Program at the Program’s conclusion must be authorized by the parent/legal guardian. Use of bicycles, skateboards, rollerblades, skates and other related items is discouraged and any use must be in accordance with University Policy. Hover boards are prohibited.
4. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Program Directors must receive prior written permission from the parent or guardian, and grant specific permission.
5. Participants must attend all Program activities including workshops, classes, and planned social or recreational activities.
6. No violence, including sexual abuse or harassment, will be tolerated.
7. Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.
8. No theft of property, regardless of owner, will be tolerated.
9. Use of tobacco products and smoking instruments including electronic cigarettes and vaporization devices will not be tolerated by participants. Smoking is prohibited in all University buildings.
10. Misuse, damage, tampering, moving, modifying, or theft of University property is prohibited. Charges will be assessed against those participants who are responsible for damage or misusing University property.
11. Misuse, damage or theft of the property of others is prohibited.
12. The inappropriate use of cell phones, cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.

Parent/Guardian Initials ________________________________ Participant Initials ________________________________

ADDITIONAL PROGRAM RULES FOR RESIDENTIAL PROGRAMS:

13. Participants will abide by nightly curfews and “Lights Out” and by any building study/quiet hours. Participants must be in their OWN room at lights out and remain there until morning. Unauthorized room changes are prohibited. Any use of cell phones or other electronic devices is prohibited after ‘Lights Out.’ (Details outlined in Participant Handbook).
Coed visitation is permitted in the lobby on the floor, the main floor of the residence hall only. The only people permitted in rooms are Program staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residential structure.

Guests of participants (other than a parent/legal guardian and other program participants), if allowed, are restricted to visitation in the building lobby and/or floor lounges and only during approved, specified hours with supervision. Guests must follow all Program/Participant Rules.

Tampering with any fire or safety equipment (fire extinguishers, fire alarms, smoke detectors, exit signs, etc.), any security system, or locks (including propping open locked doors, sharing of combinations, and duplication of keys) is prohibited. Making or communicating false alarms or threats is prohibited.

Flammable and combustible materials are prohibited. Burning, open flames, and exposed element appliances (such as hotplates), and halogen lamps are prohibited. The use of extension cords or multi-plug outlet adapters is prohibited.

Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. The University is not responsible for lost or stolen items. Participants should limit property and valuables brought to the Program and any property and valuables are brought to the Program at the participant’s sole risk. Banners, signs, pictures, and other items may not be displayed in or affixed to windows or on the interior or exterior of the building.

ADDITIONAL PROGRAM RULES FOR PROGRAMS USING DINING FACILITIES:

A Conference Meal Card is required for entrance to the UW dining room. Dining room privileges are non-transferable. A card used by anyone other than owner may be confiscated by Program Staff or dining personnel.

Unlimited trips to serving lines are allowed during each visit to the dining room but only one entree is allowed per time through the serving line.

Throwing food or objects or causing them to be thrown in the dining room is prohibited.

Shirts, shoes and appropriate clothing must be worn at all times in the dining room.

Large equipment bags and equipment must be stored in guest rooms or other appropriate locations and are not allowed in the dining room.

Beverage containers of any kind including water bottles, mugs, etc. are not allowed in the dining room.

Plates, silverware, and other dining services property must remaining within the dining room.

Participants must take trays, dishes, trash and other dining service items to the designated areas when finished dining and prior to leaving the dining room.

Participants must remain in the public/designated portions of the dining facility. Entrance into the kitchens, storerooms, loading dock, food preparation areas, and other non-public areas is prohibited.
DISCIPLINARY PROCEDURES:

Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the rules and disciplinary policy.

First Offense: Participants failing to adhere to Program Rules, assisting or encouraging others to break Program Rules, or exhibiting bad or disruptive behavior, will be warned by Program Staff.

Second Offense: Subsequent misconduct will result in a discussion between the Program Staff and Participant and Program Staff will contact the Participant’s parent/guardian.

Third Offense: Subsequent misconduct will result in expulsion from Program.

ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND PROGRAM.

This procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a program or other University activities are functions, but is not so egregious as to warrant immediate dismissal from the program. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or program regulations. A serious disciplinary problem is defined as one in which the program staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or program staff member’s safety in jeopardy; physical, emotional, or electronic harassment/harm against self, program staff or fellow program participants; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program or other programs or University functions; possession of alcohol, drugs, or weapons; fighting; or sexual harassment.

Disciplinary decisions are solely in the discretion of Program Staff and the decision of Program Staff is final.

With my/our signature below

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during the Program may result in early dismissal from the Program without any refund of fees paid to attend. I/we pledge to abide by all Program Rules and to exercise good behavior.

Participant Name ___________________________ Parent/Guardian Name ___________________________

Participant Signature _______________________ Parent/Guardian Signature _______________________

Date ___________________________ Date ___________________________
UNIVERSITY OF WYOMING YOUTH PROGRAM MEDICAL INFORMATION AND RELEASE FORM

Completion of this form by a parent/guardian is required before a minor can participate in the Program. The information requested on this form is intended to help inform Program Staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. The University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Please answer all questions. Incomplete forms will be returned to you for the missing information. Attach any specific recommendations from your physician to this form. Final determination about whether to participate is the responsibility of the Participant, Participant’s parent/guardian, and Participant’s physician. If Participant has any health issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating.

Participant’s Name:__________________________________________________________

Date of Birth:_________ Gender: Female ______ Male______

First Parent/Legal Guardian Name _____________________________________________

Street Address _____________________________________________________________

City ____________________________ State ___________ Zip _______________________

Home Phone ______________________ Work Phone _____________________________

Cell Phone _________________________ Email _________________________________

Second Parent/Legal Guardian Name ____________________________________________

Street Address _____________________________________________________________

City ____________________________ State ___________ Zip _______________________

Home Phone ______________________ Work Phone _____________________________

Cell Phone _________________________ Email _________________________________
Contact information for responsible adult(s) who can give medical information and who are hereby authorized to make medical decision regarding the student if the parent/guardian cannot be reached and the decision cannot wait:

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<tr>
<th>Emergency Contact #1 Name</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
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<tr>
<th>Emergency Contact #2 Name</th>
<th>Home Phone #</th>
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<th>Cell Phone #</th>
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**MEDICAL INFORMATION**

Primary Physician or Clinic Name: ______________________________________________________________

Address: __________________________________________________________________________________

Phone number: ____________________________________________________________________________

**RECOMMENDED IMMUNIZATIONS**

The following immunizations are recommended to lessen the risk of certain contagious diseases.

- **TETANUS-DIPHTHERIA** (primary series plus booster)
  - Primary series with DTaP or DTP
  - #1 dose #2 dose #3 dose #4 dose #5 (dates)
  - Tetanus-diphtheria booster within past 10 years booster #1 booster #2 (dates)

- **VARICELLA** (history of illness, positive blood test for immunity, or vaccine)
  - History of disease (chickenpox) (date)
  - Blood test showing immunity (date; attach copy of results)
  - dose #1 dose #2 (dates)

- **HEPATITIS B** (3 shot series, or positive blood test for disease)
  - dose #1 dose #2 dose #3 (dates)
  - Blood test showing immunity (Hep B S Ab; date; attach copy of results)

- **POLIO** (primary series in childhood)
  - OPV 4 doses dose #1 dose #2 dose #3 dose #4 (dates)
  - IPV 4 doses dose #1 dose #2 dose #3 dose #4 (dates)

- **MENINGOCOCCAL CONJUGATE VACCINE** (two doses, one at age 11-12 and a booster dose at age 16)
  - dose #1 booster dose (dates)

- **HUMAN PAPILLOMA VIRUS** (three doses of the vaccine)
  - Gardasil Cervarix
  - dose #1 dose #2 dose #3

Do you have health/accident insurance? Yes ________ No ________

*Note: The Summer Research Apprentice Program (SRAP) does provide accident insurance to cover emergency medical care for the participant during the program.*
(Please provide a copy of the insurance card)

Health Insurance Company: __________________________________________________________

Policy in name of: _______________________________________________________________

Policy Number: ___________________________ Client ID Number: ___________________________

Medical Card Information: _________________________________________________________

Immunizations Records: (A CURRENT IMMUNIZATION RECORD MUST ACCOMPANY REGISTRATION.)

Has the participant been admitted to a hospital for any serious injuries, operations, illness, or disease?

Yes ______ No ______

If yes, give reason: _____________________________________________________________

Has the participant ever had surgery?

Yes ______ No ______

If yes, give reason: _____________________________________________________________

Is the participant currently taking any prescribed or over the counter medication?

Yes ______ No ______

If yes, list medication or treatments: ______________________________________________

Does participant have a history of allergies or reactions to medications, insect stings, plants, food, or other substances?

Yes ______ No ______

If yes, list the allergies: _______________________________________________________

Does participant smoke or chew tobacco?

Yes ______ No ______

If yes, age began: _____________________________________________________________

Does participant have any limiting medical conditions or chronic/recurring illnesses that would limit participation?

Yes _____ No _____

If yes, please explain the limitation and reasons for it: _______________________________

_____________________________________________________________________________

Does the participant wear any medical appliances (glasses, contacts, orthodontia, etc.)?

Yes___________ No ____________

If yes, please describe: _________________________________________________________

____________________________________________________________________________
Does the participant require a special diet?
Yes_________ No __________
If yes, please describe:__________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Has the participant exhibited any emotional or behavioral problems of which we need to be aware?
Yes_________ No __________
If yes, please explain:__________________________________________________________
____________________________________________________________________________

Please write below any other health or additional information about the student that would enable us to be sure he or she receives any needed care or accommodations during the program:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
AUTHORIZATION FOR CARE

As the parent/guardian of the Participant I understand the University is not equipped to make mental or medical health diagnoses/determinations or provide mental or medical health care (other than any pre-arranged accommodations) during the Program and any care needs that arise during the Program may require the Participant discontinue attendance at the Program to seek appropriate care. In cases where emergency medical attention is necessary, parents/guardians/emergency contacts will be contacted for approval when possible. However, I hereby grant permission for the University to give or authorize emergency medical treatment to my child during his/her participation in the Program if, in the sole discretion of the University, such care is necessary. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. I will assume the financial responsibility for any cost of care for my child that may occur during the Program.

As a Participant/parent/guardian I understand and acknowledge that failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all important information pertaining to Participant’s medical, mental and physical condition and that the information provided is accurate and complete. I agree to notify the University of any change in the participant’s mental, physical or medical condition prior to or during the Program.

Except to the extent I have requested a formal accommodation by the University, which requires a separate interactive process, I understand that by revealing or disclosing the above medical information I am providing critical information but it will not be used by the University to determine the Participant’s ability to participate safely in the Program activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility Participant, Participant’s parent/guardian, and any medical or other advisor Participant engages in assisting what that decision.

Participant Name ___________________________ Parent/Guardian Name ___________________________

Participant Signature _______________________ Parent/Guardian Signature _______________________

Date ______________________________________ Date ______________________________________
UNIVERSITY OF WYOMING YOUTH PROGRAM SELF-ADMINISTRATION OF MEDICATION FORM

Summer Research Apprentice Program (SRAP)

Participant Name ________________________________

Parent/Legal Guardian Name ____________________________

If at all possible, medication should be administered at home. Medications will be allowed at the Program only when failure to take such medicine would jeopardize the health of a Participant and he/she would not be able to attend the Program if the medicine were not made available.

Legal prescription and over-the-counter medications, including medications for conditions such as food, drug or insect allergies, diabetes, asthma, or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of the medication. All medications (prescription and over-the-counter) must be in the original product packaging and clearly labeled with the Participant’s name. Prescription medication(s) must also include a label with the medication’s name and dosage instructions, as well as the prescribing physician’s name and telephone number. Containers must hold only the amount required for the time the Participant will be attending the Program.

List the specific prescription or over-the-counter medication(s) the Participant is bringing to the Program, the reason for the medication, and the daily dosage, times taken and other relevant administration information below:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Diagnosis/Reason(s) for Medication</th>
<th>Daily Dosage/Time(s) Taken/Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</table>

All medications will be kept securely locked. Access to all medications will be limited to approved Program Staff. The need for emergency medication may require that a Participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections). Program staff will NOT purchase or administer medications of any type (prescription or over-the-counter) for a participant of any age. Program staff may monitor the self-administration of medications. It is NOT permissible for a participant to share any medications with any other participants. It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant’s medications brought to the Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed after the Participant’s last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I authorize and recommend self-medication by my child for the above medication(s). I affirm that my child has been instructed in the proper self-administration of the prescribed medication by his/her physician. I affirm that my child has been instructed in the proper self-administration of the over-the-counter medication by me or by his/her physician. I will indemnify and hold harmless the Program Staff, the University of Wyoming, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child’s self-administration of prescribed medication(s).

Parent/Guardian Name ____________________________________________

Parent/Guardian Signature _________________________________________

Date ___________________________________________________________
SRAP ACTIVITY RELEASE

As part of SRAP, I will be allowed to participate in various extracurricular activities and field trips during non-work hours, evening hours and weekends. These activities may include, but are not limited to, extracurricular activities such as going to the gym, swimming, climbing wall, attending movies, plays, musical performances, and field trips to locations such as medical facilities, museums, bookstores, etc. These activities may be both local and out-of-town and therefore some may require transportation. The SRAP program will be the University of Wyoming Fleet Vehicles.

Movies will be shown infrequently; however, if there is a movie shown, many worthwhile movies having to do with culture and diversity are rated R for a variety of reasons. SRAP would like to offer high quality movies for our students if their parents/guardians agree. SRAP also understands if parents would prefer for their students to avoid R-rated films and will respect the wishes of each participant's parent/guardian.

_____ My child, ____________________________ (whole name of student) may watch R-rated movies, deemed appropriate and of high quality by the SRAP staff.

_____ My child, ____________________________ (whole name of student) may not watch R-rated movies.

SRAP arranged field trip activities, including physical activities such as climbing on the University climbing wall or visiting facilities or performances, both locally and out-of-town, are important for team building and team unity and should be attended except for compelling reasons. On field trips, participants will be expected to cover personal expenses (e.g., souvenirs) while SRAP will cover all general costs associated with the trips, including food and transportation.

_____ My child, ____________________________ (whole name of student) has my permission to go and travel with the SRAP program on scheduled field trips in university vehicles.

_____ My child, ____________________________ (whole name of student) may not attend the field trips sponsored by the SRAP program.

PARTICIPANT INFORMATION RELEASE

_________ The University of Wyoming will be collecting youth programs participants’ information (name, email, etc.). This information will be used for recruitment purposes and the universities information may be sent to the participants.
UNIVERSITY OF WYOMING YOUTH PROGRAM
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS

Summer Research Apprentice Program (SRAP)
Laramie, WY
June 18th-July 27th, 2017

I am in receipt of a Program itinerary and description of the activities of the Program referenced above. I, the
undersigned, wish for my child, identified as the Participant below, to participate in all of the activities of the above
referenced Program on the dates listed above and in consideration of my child being allowed to participate I agree as
follows:

I am aware that while participating in the Program there are dangers, hazards and inherent risks, both known and
unknown, to which my Child may be exposed and participating involves a risk of injury or injuries ranging from minor
injuries such as bruises, cuts or scrapes, to serious injuries such as paralysis or even death. I am aware that such an injury
can limit my child’s future life activities, including future earning capacity. I am aware that there are also risks of
property damage or loss.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such
action by the University shall be subject to the terms of this Agreement. I understand and agree that the University
assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized
emergency medical treatment.

In consideration of the University of Wyoming, providing my child with the opportunity to participate, I hereby assume
all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents,
representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes
of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my
child’s participation. The terms hereof shall serve as a release and assumption of risk for myself, my child, and my
child’s and my heirs, estate, executor, administrator, assignees and for all members of our family.

I have read the above statement and fully understand the contents, consequences and implications of signing this
document.

Participant Name ___________________________ Parent/Guardian Name ___________________________

Participant Signature ______________________ Parent/Guardian Signature _______________________

Date ______________________________________ Date ______________________________________
AGREEMENT AND RELEASE STATEMENT

We (participant and parent) have read the SRAP Participant/Parent Program Handbook. We understand the information and rules presented in the handbook and agree to follow them. We realize that failure to follow the SRAP rules may lead to dismissal of the student from the program. We are willing to participate in this research apprentice program as work employment and will participate in all program events and activities. We understand that the University is not responsible for anything that occurs if the student leaves campus during the program and that the student is responsible for being present during all SRAP activities. We hereby release, save and hold harmless, the University of Wyoming, its board of Trustees, officers, agents, employees, students, volunteers, and faculty from any and all liability, actions, causes of action, debts, claims or demands of any kind sustained during this program, except such claims which may qualify under worker compensation laws in Wyoming, including time of transportation.

Participant Name ___________________________ Parent/Guardian Name ___________________________

Participant Signature ______________________ Parent/Guardian Signature ______________________

Date ___________________________ Date ___________________________
I am aware that participation in rock climbing activities may be a dangerous activity involving A RISK OF INJURY ranging from minor injury to serious injuries up to and including paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. I am aware of my medical and physical conditions and have determined that I am appropriately fit to participate in all activities associated with rock climbing. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions or rules of the University of Wyoming.

I understand that the University of Wyoming recommends or requires the use of various equipment including specified types of helmets, harnesses, and belay devices. The University of Wyoming will make such equipment available to me when climbing at University of Wyoming facilities and I have the option to use the University of Wyoming equipment or my own equipment as well as the option to reject the use of any safety equipment that is recommended but not required. I hereby acknowledge that this is my choice, I make it voluntarily and this release applies to the result of any such decision on my part.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of the University of Wyoming providing me the opportunity to participate in rock climbing activities at the University indoor rock climbing facility or any other climbing anywhere at any time, I hereby assume all the risks associated with my participation, including use of University facilities and equipment and any and all other activities incidental to my participation, regardless of cause or how they occur. I agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, attorney fees, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing/agreeing to this document. I further understand that this release and assumption of risks remains valid for all of my participation in the stated activities until I take affirmative action to rescind this waiver.

PRINTED NAME  W#

SIGNATURE  DATE

IF THE INDIVIDUAL ABOVE IS UNDER 18 YEARS OF AGE:
I, being the parent or legal guardian of the above participant, ________________________, who is under the age of 18, have read the above statement and fully understand the contents, consequences and implications of signing this document.

PRINTED NAME

SIGNATURE  DATE
University of Wyoming Climbing Wall Policies

Climbing Wall General Policies
1. Top rope and lead climbing may only occur during supervised climbing wall hours.
2. Climbing equipment, including but not limited to harnesses, carabiners, belay devices, ropes, and slings must be UIAA and/or CE approved, and in safe working condition, free of excessive wear and abuse.
3. Loose chalk is not allowed.
4. Climbing on any surface that is not climbing wall surface is prohibited.
5. Climbers are not allowed to walk or climb barefoot. Shirts must always be worn.
6. Drinks must be kept in the cubby and shoe changing area.
7. No personal items are allowed on the climbing wall safety pads. These items must be kept in the cubby and shoe changing area.
8. Dependents 12 and under must be directly supervised at all times by a parent or legal guardian at the climbing wall.
9. Only climbing wall staff may change, modify, and adjust climbing holds, routes, and boulder problems.
10. Climbing wall staff and/or half acre staff reserve the right to intervene if they feel an individual’s climbing activities are unsafe.
11. Failure to comply with any policies could result in removal from the climbing wall, or revoking of climbing wall privileges.

Top-Rope and Lead Climbing Policies
1. All roped climbers must annually complete a liability waiver and pass either a skills test or an introductory climbing wall clinic, and swipe their I.D. card to verify access prior to using the ropes.
2. Climbers must use ropes immediately above the route they intend to climb to avoid unnecessary swing (pendulum).
3. Climbing above top-rope anchor points is prohibited.
4. All knots, belay devices, and harnesses will be inspected by the climber and belayer before any climbing commences.
5. Ropes will be attached to harnesses using only a figure eight tie-in knot in addition to having a safety knot or at least six (6) inches of tail to the knot.
6. Climbing commands must be used at all times.
7. Belayers must remain standing while belaying.
8. Only aperture (aka tube-style) belay devices are allowed for belaying top-rope climbers; only GriGri2 (aka assisted breaking devices) are allowed for lead climbing. Belay devices are provided complimentary for use at the wall.
9. No loose hair, jewelry, or loose clothing is allowed and must be kept away from ropes and belay devices at all times.
10. Do not adjust knots, belay devices, or harnesses while climbing.
11. Dependents must be 15 or older to belay another climber, and must pass either a skills test or introductory climbing wall clinic.
12. Dependents 14 years old and younger, whose parent (or guardian) has passed a skills test or introductory climbing wall clinic, can top-rope climb without having passed a skills test, but they may not belay another climber.
13. All dependents who climb utilizing the ropes must have a parent or guardian complete the waiver prior being allowed to climb.

Bouldering Policies
1. All bouldering on the tower and top-rope wall shall not exceed the twelve (12) foot mark as indicated by the horizontal painted line.
2. Climbers are not allowed on top of the bouldering wall.
3. Down climbing is recommended upon completion of bouldering routes.
4. Top-rope and lead climbing activities have priority on the tower and top-rope teaching area during supervised wall hours.
5. Spotting is strongly encouraged for all bouldering activities.
6. Do not boulder, traverse, or stand under other climbers.
7. While bouldering, be aware of other wall users, both climbers and bystanders.
Wyoming EPSCoR-Summer Research Apprentice Program Demographic Information Form

National Science Foundation Statement on the Use of Demographic Data

We ask for demographic data – relating to gender, ethnicity, race, disability, and citizenship, so that:
- We can gauge whether our programs and other opportunities in science and technology are reaching and benefiting everyone regardless of demographic category;
- We can ensure that those in under-represented groups have the same knowledge of and access to programs, meetings, vacancies, and other research and educational opportunities as everyone else;
- We can assess involvement of international investigators or students in work we support.

Submission of demographic information is voluntary. You will suffer no adverse consequences if you fail to provide it, but your participation helps to assure the statistical validity of our data.

Name: ___________________________ Date: ___________________________

Year in School (Starting in Fall, 2017):
Junior ________ Senior ________ Graduated ________ First Year College Student ________

Anticipated High School Graduation Date (Month and Year):
______________

Gender:
Male ______ Female ______

Are you a first generation college student (your parents did not attend a four year college):
Yes ______ No ______

Demographic Information:
Race: Please select all that apply that you best identify with:
______ WHITE/CAUCASIAN (not of Hispanic origin): A person having origins in any of the peoples of Europe, North Africa, or the Middle East.
______ BLACK/AFRICAN AMERICAN (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.
______ HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish Culture or origins, regardless of race.
______ PACIFIC ISLANDER: A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands and Samoa.
______ AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
______ DECLINE TO ANSWER

Disabled:
As defined in Section 503 of the Rehabilitation Act of 1973, a disable person is one who: 1) has a physical or mental impairment which substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such an impairment.

______ Yes, I am an individual with a disability.
______ No, I am not an individual with a disability.

U.S. Citizenship Status:
Yes ____ No ____ Permanent Resident ______

If not a U.S. Citizen or a permanent resident, please give the country of citizenship: __________________________
DIRECT DEPOSIT AUTHORIZATION

Please complete the form by providing the appropriate information and attaching a **voided check** or other document* verifying the correct routing number and account number. The form **MUST** be signed in the presence of either a University of Wyoming department representative OR a notary public.

-- Affix check here with TAPE -- Affix check here with TAPE -- Affix check here with TAPE --

*If a voided check is unavailable, please ensure the document provided (deposit slip, photocopy of account card, etc.) includes the correct routing and account number. If necessary, contact your financial institution for this information. For example, Wells Fargo, US Bank, Bank of the West and others DO NOT have the correct routing number on deposit slips-a voided check is needed to obtain the correct routing number.

NAME________________________________________ SSN_________________________________

EMPLOYEE ID NUMBER__________________________

Select one:  □ NEW Agreement  □ CHANGE of Agreement  □ CANCEL Agreement

Name of Bank _______________________________________________ Select one:  □ Checking  □ Savings

Routing Number___________________________________________ Account Number__________________________

Deposit Start Date________________________________________

I have read and understand this form and the information provided is accurate. I understand that in signing this form, I authorize the University of Wyoming to issue payment to the specified account until the University of Wyoming receives written notice from me to change or cancel this agreement.

SIGNATURE________________________________________ DATE_____________________

I hereby certify that on this date, the above named individual appeared before me and signed this document in my presence.

UW Department Representative OR Notary Public (if UW rep not available) ____________________________ Date ____________________________
DISCLOSURE AND CERTIFICATE OF APPLICANT

Please use your LEGAL name as it appears on your Social Security card, Passport or Birth Certificate

First and Middle Name: ________________________________________________ Last Name: ______________________________

Social Security #:__________________________________________ DOB: _________________________________ Gender: M / F

W-2 Address: _______________________________________ City/State: __________________________ Zip Code: ____________

Check Address: ______________________________________ City/State: __________________________ Zip Code: ____________

Telephone Number: ____________________________

1) Have you ever been convicted of or pled guilty or nolo contendere/no contest to a sex crime against a minor or a sex crime involving violence?

Yes: ______ No: ______

If yes, please explain:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

2) Have you ever been convicted of or pled guilty or nolo contendere/no contest to any felony? *If the answer below is "Yes", you must provide a certified copy of conviction and any other pertinent, clarifying documents to the Human Resources Department. Questions: 766-5612

Yes: ______ No: ______

If yes, please explain:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

3) Has your current or any previous employer ever determined that you violated a policy or regulation of that employer?

Yes: ______ No: ______

If yes, please explain the situation and if applicable, describe any disciplinary action taken against you:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

I understand, agree and certify that:

All information given within my application materials, supporting documents and interview are correct to the best of my knowledge. I understand that giving false information may disqualify me from consideration of employment or discharge, if hired, regardless of when discovered. I further authorize the university to investigate all statements made throughout the application process for employment. I authorize such educational institutions, employers and others (and their agents or employees) to respond to questions concerning information I have given throughout the application process. And I further release from liability the University of Wyoming, such former employers, institutions, or persons providing such information.

Signature: ____________________________________________________________________ Date: _________________________
MODEL RELEASE

I, ______________________________ (______) , do hereby

Print full name

authorize the University of Wyoming, its agents, successors, and assigns, to use and reproduce

Age *

photograph(s) in which I appear in official UW publications, and I waive any right that I may have

to inspect and approve said photograph (or any copy that may be used in connection therewith) or
to receive compensation for the use of said photograph.

_____________________________________        ______________________________________

Sign full name                          Parent or Guardian

______________________________________

Street or box number

______________________________________

City, state, zip code

_______________________________________

Phone

_____________________________________

Date

* If under the age of 18, signature of a parent or legal guardian is required to participate.

Sovereign Immunity. The University of Wyoming does not waive its sovereign immunity or its governmental immunity and fully retains all immunities and defenses provided by law.

Status: freshman ____; sophomore ____; junior ____; senior ____; graduate ____; law ____;
doctoral ____; faculty ____; staff ____; administration ____; student family ____;
other ____________________________

Area(s) of Study: ____________________________________________________

Home Town: ________________________________________________________

E-mail address: ___________________________________________
Parent Permission Form for Travel - 2017
PRINT AND FILL OUT

As the parent/guardian of ______________________________ (participant’s whole name), I hereby give my permission for him/her to leave campus with the following individual(s):

Authorized Person(s) for pick-up (as listed on ID): ____________________________________________________
Authorized Person(s) cell phone number: ____________________________________________________________
Authorized Person(s) for pick-up (as listed on ID): ____________________________________________________
Authorized Person(s) cell phone number: ____________________________________________________________

Location (Pick up/drop off): __________________________________________________

On the following date and time: ____________________________________________

Participants will not be released to any person not listed on this form. Any person authorized to pick up a participant must be listed on this form. Authorization by telephone will not be accepted. Pick up individuals must have ID available when picking up Participant.

I understand that while my son/daughter is away from the program, as authorized above, s/he is not the responsibility of the SRAP Program. I understand that decisions as to allowable activities and locations visited while my student is away from SRAP are solely my responsibility and that such travel must not interfere with SRAP’s work program or scheduled extracurricular activities.

__________________________________________________________________________________________
Parent/Guardian Name    Parent/Guardian Signature     Date

THIS FORM CAN ONLY BE SIGNED BY THE PARTICIPANT’S PARENTS OR LEGAL GUARDIAN. All blanks must be completed.

LEAVE THIS FORM AT HOME FOR YOUR PARENTS TO USE AS NEEDED.

This form may be mailed, faxed, scanned and emailed, or brought to SRAP 2017.

EPSCoR – UW
Attention: Lisa Marie Abeyta
1000 E. University Ave. Dept. 3622
Laramie, WY 82071
Email: labeyta1@uwyo.edu

Revised 12/08/16
Flight Information

All students flying to SRAP must fly into the Laramie Airport (LAR). You can book through to LAR on United Airlines. If you are using another carrier to get to Denver (DEN) then you will want to check out Great Lakes Aviation at [www.greatlakesav.com](http://www.greatlakesav.com)

Students flying in and out for SRAP will be able to fly in on Saturday, June 17th after 1:00 pm and fly out on Friday, July 28th before 1:00 pm, as it is virtually impossible to fly into and get moved into the dorms by noon on Sunday, June 18th (housing and meals will be provided starting on Saturday). Any students leaving on July 28th should do so on the earliest flight possible.

* As soon as you have your travel arrangements made please send me the itinerary so that I can make sure to be at the airport to greet you!

Parents – If you want to come and drop your student off or pick them up, but can only do one or the other, I would like to encourage you to come for the last day of the program Thursday, July 27th as it is truly amazing. That is the day that the students will present everything that they have learned and you will be impressed. It will also give you the chance to meet friends they have made and their professors, graduate students, etc. If you have any questions regarding this please let me know.
Hotel Information

There are a number of hotels in the area. Here are a few suggestions:

Days Inn 307-745-5678  
Ramada Inn 307-742-6611  
Baymont Inn and Suites 307-742-6665

Close to Campus: Holiday Inn Express 307-721-9000,  
Hampton Inn 307-742-0125, or Comfort Inn 307-721-8856

Closest to Campus and Kind of Fancy: Hilton 307-745-5500

Rental Cars

There are only two rental car options in Laramie. Enterprise and Avis.

Avis is located at the airport 307-745-8395  
Enterprise is located in town 307-721-9876