

**AZ GEAR UP Summer Leadership Academy (GUSLA) at**

**Northern Arizona University (NAU)**

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**2017 GUSLA APPLICATION & CHECKLIST**

To apply for the 2017 GEAR UP Summer Leadership Academy, taking place from

**Sunday June 11 to Friday June 16, 2017**

Parents / Guardians and GUSLA applicants must read and complete this entire application.

To help ensure you complete the entire application, check the boxes below as you complete each section, then return to your GEAR UP Coordinator by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in order to be eligible for selection.

**Checklist**

* **Page 2 I. Student Expectations of Conduct**
* **Page 3 II. Personal Information**
* **Page 4 & 5 III. Student Medical Information**
* **Page 6 IV. Permission to Treat & Liability Waiver** (in case of medical emergency)
  + ***Parent/guardian signatures required in one (1) place***
* **Page 7 V. Authorization to Visit/Take Student Off-Campus**
  + ***Parent/guardian signatures required in one (1) place***
* **Page 8 & 9 VI. NAU Challenge Course Participant Informed Consent Form**
  + ***Parent/guardian initials & signatures required in three (3) places***
* **Page 10 VII. Parent and Student Agreement**
  + ***Parent/guardian and student signatures required.***

*Thank you for applying for selection to attend the 2016 GEAR UP Summer Leadership Academy*

*on the NAU Mountain Campus in Flagstaff*

Arizona GEAR UP • Northern Arizona University

GEAR UP Summer Leadership Academy Phone: 602-728-9501 ⎪ Fax: 602-776-4619 ⎪ Email: [gear.up@nau.edu](mailto:gear.up@nau.edu)

***G****aining* ***E****arly* ***A****wareness and* ***R****eadiness for* ***U****ndergraduate* ***P****rograms*

**Part I. Student Expectations for Conduct**

The GEAR UP Summer Leadership Academy (GUSLA) at NAU provides an opportunity for selected AZ GEAR UP students to come together within a supportive community built on respect, responsibility and trust. Considerable time and effort has been put forth to make this program a successful experience for participants. In order to create and sustain such a community, students must agree to meet specific expectations for behavior.

By completing the GUSLA application, your child may be selected to participate in the AZ GEAR UP Summer Leadership Academy at Northern Arizona University (NAU). Therefore, we encourage you to review/discuss these expectations with your child.

**EXPECTATIONS:**

**GUSLA Participants must:**

👍 Always strive to do their best.

👍 Tolerate and respect individuals of different races, cultures, religions, genders, sexual orientations, disabilities, and national origins.

👍 Behave in a friendly, cooperative, and responsible manner toward all persons in the NAU/GUSLA community, on the larger campus and in the local community.

👍 Attend all class sessions, meals, activities, and meetings.

👍 Provide any and all prescription medications to the Program Administrators for dispensing at the appropriate time.

👍 Remain on campus at all times unless participating in a scheduled program activity off campus.

👍 Be accompanied by a GUSLA staff member when traveling on campus, unless explicit permission is provided by a GUSLA staff member to travel on campus unaccompanied.

**GUSLA Participants must not:**

👎 Enter opposite-sex residence hall floors without the accompaniment of a staff member.

👎 Possess or use alcohol, drugs, or tobacco.\*

👎 Bully, act violently against another person, or use any form of physical, verbal or emotional abuse or intimidation of others.\*

*\* Violations of these expectations will result in immediate dismissal from GUSLA. Parents will be expected to arrange for their child’s transportation home and legal action will be taken when appropriate.*

**Part II. Personal Information** (Please print clearly, in black ink)

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, Route, Box) (City) (State) (Zip Code)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**: \_\_\_\_\_ **Birth date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Gender** (circle one)**:** **M F**

Month Day Year

**Parent Cell Phone#** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Email Addres**s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student shirt size** (Adult size shirts, circle one): X-Small Small Medium Large XL 2XL 3XL 4XL 5XL

**Have you attended GUSLA before?** (check all that apply): □ never attended □ 2014 □ 2015 □ 2016

**School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Father or Guardian Mother or Guardian

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Phone Number**: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Day Phone Number**: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evening Phone Number**: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening Phone Number**: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone Number**: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone Number**: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which parent has custody of the student?** □ Both □ Mother □ Father □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III. Student Medical Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To be completed by parent/guardian** | | GUSLA dates: **Sunday, June 11 – Friday, June 16, 2017** | | | | |
| Student’s Name Last First Middle Initial | | | | | | |
| Address | | | Birthdate | | | Gender |
| Father/Guardian | | Mother/Guardian | | | | |
| Daytime Phone | | Daytime Phone | | | | |
| Evening Phone | | Evening Phone | | | | |
| Cell phone | | Cell phone | | | | |
|  | |  | | | | |
| Insurance Company Name | | Insurance Company Name | | | | |
| Policy # and group # | | Policy # and group # | | | | |
| Prescription Medication Card # | | Prescription Medication Card # | | | | |
| Emergency Contact #1  (other than parent/guardian; must be in US) | | Emergency Contact #2  (other than parent/guardian; must be in US) | | | | |
| Relationship to student | | Relationship to student | | | | |
| Daytime Phone | | Daytime Phone | | | | |
| Evening Phone | | Evening Phone | | | | |
| **Check the one that applies below:** | | | | | | |
| 🞏 My child takes regular medications. I understand that medications (including prescription medications, over-the-counter medicines, vitamins, and supplements) will be dispensed by GUSLA staff only, and that my child may not keep medications with him or her (with the exceptions of inhalers, insulin, epi-pens, and topical medications). I understand that all medications must be in their original containers, and will be given according to physician or package directions. | | | | | 🞏 My child does not take regular medications at this time. | |
| **Please Print Legibly:** | | | | | | |
| Medication Name Dose Time (circle as many as apply)  **Breakfast Lunch 3pm Dinner Bedtime**  This medication is for: | | | | | | |
| Medication Name Dose Time (circle as many as apply)  **Breakfast Lunch 3pm Dinner Bedtime**  This medication is for: | | | | | | |
| Medication Name Dose Time (circle as many as apply)  **Breakfast Lunch 3pm Dinner Bedtime**  This medication is for: | | | | | | |
| **Part III. Student Medical Information, continued** | | | | | | |
| **Student Name: GUSLA Session Dates: June 11- 16, 2017** | | | | | | |
| **Over-the-counter medications:**  GUSLA will supply the following medications (or their generic equivalents) as needed for the symptoms indicated, and according to package directions. Check off those medications that your child **CAN** receive on an as needed (PRN) basis. We cannot dispense any not checked.   |  |  |  | | --- | --- | --- | |  Advil (ibuprofen for pain and fever) |  Alka-Seltzer Cold & Flu |  Benadryl for allergy symptoms | |  Throat drops & throat spray |  Midol / Pamprin for menstrual cramps |  Mira lax for constipation | |  Imodium for diarrhea |  Pepto Bismol & Tums for stomach upset |  Tylenol for headache, fever, or pain | |  Robitussin DM for Cough |  Sudafed for sinus congestion |  Visine for eye irritation | | | | | | | |
| Please do not give my child the following medications under ANY circumstances: | | | | | | |
| Allergies to medications, foods, insect bites, etc: | | | | | | |
| Does your child carry an epi-pen for allergies? ⁪ Yes ⁪ No | | | | | | |
| History of operations or serious illness: | | | | | | |
| Is your child under the care of a psychologist, psychiatrist, or counselor? If so, please give contact information: | | | | | | |
| Please give information about your child’s medical history below. This information will be necessary in the event that your child needs emergency medical treatment. Check if there is a history of problems or condition: | | | | | | |
| ⁪ Ear/sinus infections | ⁪ High blood pressure | | | ⁪ Musculoskeletal disorders | | |
| ⁪ Migraines/headaches | ⁪ Diabetes | | | ⁪ Eczema/skin disorder | | |
| ⁪ Hearing/vision impairments | ⁪ Gastrointestinal disorders | | | ⁪ ADD or ADHD | | |
| ⁪ Asthma | ⁪ Urinary tract infections | | | ⁪ Depression/anxiety | | |
| ⁪ Bronchitis/pneumonia | ⁪ Bedwetting | | | ⁪ Eating disorder | | |
| ⁪ Heart defect/disease | ⁪ Neurological disorder | | | ⁪ Learning disability | | |
| ⁪ Hemophilia/anemia/blood disorder | ⁪ Seizures/fainting | | | ⁪ Other | | |
| **Details of conditions checked above** (please provide additional pages as needed) | | | | | | |
| **Additional information:** Does your child have any special needs you would like us to know about to make their week at GUSLA more successful. For example, does your child have an IEP, special needs in the classroom, behavioral issues, or other issues staff should be aware of? | | | | | | |

**Part IV. Permission to Treat & Liability Waiver: Signature required below**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this Northern Arizona University (“NAU” or “University”) Program. In consideration of allowing my child to participate in this Program and related activities, I, on behalf of my child and for myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that allowing my child to participate in the Program may involve a variety of activities. Such participation, particularly in field trips, sports camps, and physical education, may involve risks, including but not limited to, serious personal injury, partial or permanent disability, property damage, and/or death. These risks may result from my child’s own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. I understand that I am responsible for ensuring that my child is properly prepared for all Program activities, and I represent that my child is in good health and is able to participate fully in all Program activities.
2. Assume all of the foregoing risks and accept personal and financial responsibility for all damages for personal injury, partial or permanent disability, property damage, or death of my child, or caused by my child, to the fullest extent allowed by law.
3. Agree not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns, and waive all claims, demands, losses, or damages on account of personal injury, partial or permanent disability, property damage, or death, caused or alleged to be caused in whole or in part by the actions of any person or entity, to the fullest extent allowed by law.
4. Understand that the only medical treatment that will be provided by the Program is for such things as minor scrapes and bruises. Any medical costs, including emergency medical treatment that may be incurred as a result of my child’s participation in the Program will be my financial responsibility.
5. Hereby consent to NAU, any appropriate medical facility, including but not limited to the Campus Health Services located on the Northern Arizona University main campus, providing whatever medical services they may deem necessary for my child in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.
6. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, and Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when my child is not under the direct supervision of NAU or that are caused by my child’s failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
7. **ACKNOWLEDGE THAT I HAVE READ THE ABOVE ASSUMPTION OF RISK, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

**Signature of parent or legal guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part V. Authorization to Visit/Take Student Off Campus: signature required**

Please complete this form if any person other than the custodial parent(s) or guardian(s) may visit your child or take your child off campus during the session or on departure day. (Site coordinators from your student’s school do not need to be listed.)

**NOTE**: In order to protect the students, **ALL** individuals (including parents) arriving to visit or take a student off campus must check-in at the GUSLA office and show **PICTURE I.D**. Please be sure to let anyone coming to see your child know about this policy so they may plan accordingly. If you have any questions about this policy please call the GUSLA office at (602) 728-9501.

The following people have my permission to visit and/or take my child off campus:

|  |  |  |
| --- | --- | --- |
| **1.** | Name | Relationship to student |
| Address | Phone Number(s) |
|  |  |  |
| **2.** | Name | Relationship to student |
| Address | Phone Number(s) |
|  |  |  |
| **3.** | Name | Relationship to student |
| Address | Phone Number(s) |
|  |  | |
|  | Please provide information about any custody issues that may affect your child’s stay at NAU/GUSLA. Attach copy of any relevant legal documents. | |
| **Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_** | |

**Part VI. NAU Challenge Course Participant Informed Consent**

|  |  |  |
| --- | --- | --- |
|  | **Acknowledgement/Assumption of Risk**  **Waiver and Release of Liability** |  |

# IMPORTANT: THIS IS A LEGAL DOCUMENT

***(NAU Outdoors is a program of Campus Recreation Services, a department within Enrollment Management and Student Affairs, and shall hereinafter be referred to as NAUODR)***

**This document must be read and signed by participant and, in the event that participant is under the age of 18, by participant’s parent(s) or legal guardian(s). If you have any questions regarding the legal consequences of signing this agreement you should consult an attorney.**

**Activity: NAU Challenge Course Programing, including low and high elements, from ground level to 35 to 45 feet off the ground.**

*All GUSLA participants will have the opportunity to participate in the NAU Challenge Course, which has high (35 feet off the ground) and low (ground level) elements.**The rope course offers group of students the opportunity to work through challenging situations, where overcoming personal and limiting beliefs through the support and encouragement of fellow team members helps to build confidence, courage, communication skills and comradery among GUSLA students. Trained NAU Staff will work with students to meet the challenge of this course. We encourage all students to participate because of the amazing benefits. In order to participate, students and parents must sign and initial this form in the indicated places.*

**Participant’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initials** (Read and initial each statement. If participant is under the age of 18 each statement must be initialed by a Parent/Guardian)

\_\_\_\_\_\_\_ I acknowledge that I have been given the opportunity to participate in the NAUODR activity and that I can decline to participate, at any time, if I wish.

# Acknowledgement and Assumption of Risk

By signing, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant), voluntarily consent to participate in the above-mentioned activity offered by NAUODR. I have had the opportunity to review the list of activities at www.nau.edu/outdoors and I have no questions regarding the nature of the activity in which I intend to participate or I have contacted the NAUODR staff to clarify any questions which I may have regarding the nature of the activity in which I intend to participate. I understand and am aware that there are a variety of risks and dangers inherent to said activity. These include, but are not limited to, loss or damage to equipment, personal injury, illness, temporary or permanent physical or emotional trauma, or death. I understand that I may be injured while participating due to my own actions, the actions of others, or because of “Acts of God.” I give my permission to representatives from NAUODR to provide medical treatment should an emergency arise and for them to seek additional medical support, to the extent and when they deem appropriate. I give my permission to representatives from NAUODR to release any information from my educational records, including this document, in connection with a health or safety emergency. I give my permission for representatives from NAUODR to transport me in connection with said activities in motor vehicles, including passenger vans, and I affirm my understanding that such transportation may create additional risks and I hereby voluntarily assume any and all such risks. I voluntarily assume all of the risk(s) associated with my participation in NAUODR activities.

I acknowledge and understand that it is my responsibility to decline, reduce, or stop participation in the event of illness, injury, or other medical condition. I understand that the staff may reduce or stop my participation when they determine that doing so is in the best interest of my safety or to aid in the well-being of other participants, and I acknowledge and understand that NAUODR staff have the authority to make said determination(s). I understand that it is my responsibility to maintain medical insurance, that such medical insurance is required to be in place prior to my participation in NAUODR activities, and that it is my responsibility to seek and receive medical evaluation and treatment for any symptoms that may arise out of or are related to my participation in NAUODR activities. Should an evacuation be required, I voluntarily assume responsibility for all fees incurred in conjunction with the evacuation. I acknowledge and understand that NAUODR is self-insured and will not provide insurance coverage for me. I further agree to abide by all applicable laws, Arizona Board of Regents, NAU and Campus Recreation Services policies and procedures, as well as any directives given to me by NAUODR personnel at any time.

# Waiver, Release and Indemnification

I agree to release, indemnify and hold harmless the State of Arizona, the Arizona Board of Regents, Northern Arizona University, NAUODR, and all of their members, employees, and agents, (“Indemnitees”) from any and all claims, damages, losses, injuries, and expenses arising out of or related to my participation in NAUODR activities, except those which are due to the gross negligence or intentional misconduct of the Indemnitees.

If the Indemnitees are made to defend any action, lawsuit, or litigation on my behalf or as a result of my actions, I hereby agree to pay the Indemnitees’ legal costs, including attorney’s fees.

I agree that should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. I agree that the site of any lawsuit arising out of or related to this agreement shall be Coconino County, Arizona and that the law governing any such lawsuit shall be Arizona law. The terms of this agreement shall continue and be in effect after my participation in the NAUODR program activities has been completed.

**Permission to Use Photographs**

\_\_\_\_\_\_\_\_\_ By initialing here, I hereby provide NAUODR with permission to use or release any photographs or videos taken during this program for publicity purposes and as a means of promoting NAUODR’s educational mission and its programs, including photographs or videos which might otherwise be considered education records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent(s)/Legal Guardian(s) and Relationship to participant

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Legal Guardian(s) Signature(s)\* (if you are signing for a participant under the age of 18) Date

\*By signing I certify to NAUODR that I am the parent or legal guardian of the participant named above, that I have the legal authority to sign this Agreement, and that I hereby assume all legal responsibilities associated therewith on behalf of and for the participant. I further certify that I have read and have no questions about this Agreement.

**Part VII. Student & Parent/Guardian Agreement: Signatures required below**

We (Parents/ Guardians and student) have read the 2016 AZ GEAR UP Summer Leadership Academy’s Student Expectations of Conduct and we agree the student will follow all rules and guidelines for student conduct. We realize that NAU/AZ GEAR UP reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons. If asked to leave, we understand the student must leave NAU within 24 hours, and we (the parents/guardians) must arrange transportation. If the student is asked to leave for disciplinary reasons, we understand that the student may not be permitted to attend future NAU/AZ GEAR UP summer programs.

We understand that under extenuating circumstances, it may be necessary for NAU/AZ GEAR UP to search students’ rooms and belongings unannounced, in the interest of your student’s and others’ safety and well-being.

**Parents:**

* I am responsible for the cost of repairing or replacing any property that my child damages at the site.
* I am responsible for any expenses which are not covered by the tuition, room, and meals fees.
* I am responsible for any medical costs incurred by my child while enrolled in the program.
* Should my child be selected to attend, I must have the Medical Form properly completed by the appropriate deadline**. I understand that my child will not be admitted to the program if the properly completed forms are not returned.**

I give permission for my child to:

* participate in GUSLA-sponsored trips off-campus, including, but not limited to field trips. I understand that my child will be supervised by GUSLA staff. I agree that NAU/GUSLA employees, who are NAU Authorized drivers, may transport my child to program activities while attending GUSLA.
* be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his/her work broadcast or published. I understand that GUSLA will exercise discretion regarding media contact.
* complete all assessments and surveys that GUSLA deems necessary to evaluate program effectiveness.

As the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I understand the conditions of the AZ GEAR UP Summer Leadership Academy and consent to them as outlined. I give permission for my student to participate in the AZ GEAR UP Summer Leadership Academy at NAU.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Signature** Date

**Student:**

I agree to follow all rules and expectations for participation in the AZ GEAR UP Summer Leadership Academy at NAU, and understand that my continued membership in the NAU/GUSLA community depends on my willingness to follow these rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature** Date