### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM



The Native American Fish and Wildlife Society (NAFWS) is proud to announce our 2022 National Native American Environmental Awareness Summer Youth Practicum (National SYP) will be having an in-person session this year.

Are you an incoming  $10^{th} - 12^{th}$  grader or do you know of someone that will be in the  $10^{th} - 12^{th}$  grade that is interested in learning more about: Natural Resources? Wildlife? Recreation? Fish? Rivers? Traditional Ecological Knowledge? Range Management? Forestry? Watershed? Tribal Lands? Sacred Areas? OR the preservation, protection, conservation, enhancement of natural resources? Then, the National SYP is for you, Please Apply!



PROGRAM DATES: Saturday, July 9 – Saturday, July 16, 2022



LOCATION: YMCA of the Rockies, Estes Park, CO and Colorado State University Mountain Campus, CO



COST: FREE! Food, travel and lodging expenses covered



APPLICATION DATE: Monday, April 4, 2022 At 10 PM Mountain Time

Submit applications to Ashley Carlisle, NAFWS Education Coordinator

Only completed applications will be considered.

The practicum is designed to provide Native American students  $(10^{th} - 12^{th} \text{ grade})$  an opportunity to gain hands-on and inlecture experience in the interdisciplinary components of natural resource management and Indigenous knowledge. One of the goals of the NAFWS is to educate Native American youth to understand the importance of professional natural resource management and the interconnectedness to culture, as well as encourage them to continue their education and pursue careers in the natural resource fields.

#### For more information contact AND/OR to send complete applications to:

Ashley Carlisle, NAFWS Education Coordinator

Website: nafws.org

Email: acarlisle@nafws.org | Phone: (303) 466-1725, ext. 4

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### CHECKLIST

Make sure you have enclosed the following materials and that they are all completed:

Completed	Application	for	Admission
compicted	Application	101	Addition

🗌 Essay

Resume (Optional)

□ 2 Letter of Recommendation (To be sent separately by Recommenders, Letters of Recommendations should be submitted by the SAME deadline as application)

*National SYP Student Contract.* Please review and sign.

*Media Release Statement.* Please review and sign.

*Parent/Guardian Contract*. Please review and sign.

*Emergency and Health Information.* Please review, complete and sign.

The NAFWS National SYP COVID-19 Guidelines Acknowledgment and Agreement. Please review and sign.

NAFWS Liability Waiver and General Release for Summer Youth Practicum Relating to Coronavirus/COVID-19 National SYP Waiver - COVID-19. Please review and sign

Upon student acceptance, there may be additional documents that may need to be signed.

APPLICATION CLOSING DATE IS **MONDAY, APRIL 4, 2022, AT 10 PM MOUNTAIN TIME.** PLEASE MAKE SURE THAT YOUR APPLICATION IS COMPLETE AND SUBMITTED BY EMAIL.

### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM



#### APPLICATION FOR ADMISSION

STUDENT'S FULL LEGAI	_ NAME:					
STUDENT'S ADDRESS:		CITY:		STATE: _	ZIP CODE: _	
STUDENT'S PHONE:				BIRTH DATE:	AGE:	
STUDENT'S EMAIL:						
SCHOOL:						
TRIBAL AFFILIATION:			E	NROLLMENT # (IF AVA	AILABLE):	
NAME & PHONE OF PA	RENT OR GUARDIAN	۱:				
EMAIL OF PARENT OR	GUARDIAN:					
T-SHIRT SIZE (CIRCLE):						
XS	S	Μ	L	XL	XXL	
WE PLAN TO HAVE WA	DERS FOR FLYFISHIN	NG EXERCISE, PLEAS	E FILL SIZ	ES BELOW, SO WE CA	N ESTIMATE WAD	ER SIZE:
	SHOE SIZE:	HEIGHT:		WEIGHT:		

\*\*\* STUDENT MUST BE IN GOOD PHYSICAL CONDITION AS PHYSICAL ACTIVITIES ARE PART OF PRACTICUM \*\*\*

PLEASE SUBMIT A 1 FULL PAGE – 2 FULL PAGED TYPED ESSAY (12 POINT FONT, TIMES NEW ROMAN, DOUBLE SPACED):

- Tell us about yourself! Who are you? Where you from? Hobbies? Sports? Favorite outdoor activity?
- Share your interests, jobs and/or activities regarding natural resources such as outdoor recreation, fisheries, wildlife, forestry, range management, watershed, lakes, conservation management and Traditional Ecological Knowledge?
- What do you think is natural resource conservation? Why is it important? How does it connect to your culture, language and/or traditions?
- What area of natural resource conservation would you like to learn more about? Why?
- What is your opinion of natural resource management on your reservation or community? How would you improve it?

HOW DID YOU HEAR ABOUT AND GET THIS APPLICATION? (SCHOOL, TRIBAL NATURAL RESOURCE DEPT., WEBSITE, FACEBOOK, NAFWS MEMBER, FRIEND, PARENT, EMAIL, POSTED, ETC): \_\_\_\_\_\_

#### NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM

#### LETTER OF RECOMMENDATION 1

STUDENT: Please fill out top part and give this to an adult (over 18 years of age) who knows you and is familiar with your schoolwork, extracurricular activities, interest in natural resources or work qualities (for example: teacher, counselor, coach, job supervisor, tribal leader, elder etc. NOT A RELATIVE). Also, allow ample time for your recommender to submit, recommended time to ask/request a letter from a recommender is 2 weeks before the deadline date. An idea to ensure submission from recommender is to send a reminder email, phone call, letter, note or in-person.

DEADLINE FOR LETTER OF RECOMMENDATION: \_\_\_\_\_ Monday, April 4, 2022 by 10 PM Mountain Time\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

STUDENT IS APPLYING FOR: NATIONAL SYP REGIONAL SYP, SPECIFY REGION:

RECOMMENDER: The individual named on this form is being considered for participation in the Native American Fish and Wildlife Society's Summer National. This course is designed to enhance Native Youth appreciation and understanding of tribal natural resources (Fish & Wildlife, Range Management, Watershed, Conservation Law Enforcement, Forestry, etc.) while encouraging them to consider careers in a natural resource field. On a separate document, you may find out more information at nafws.org. Please address the questions listed below or use them as a guideline. Please submit your letter of recommendation as an attached letter document with an official letterhead, we will not accept a letter in a body of an email. Attach this document to your letter.

Your letter is confidential: Please note the deadline above. Letter must be either MAIL POSTMARKED BY and/or EMAILED BY deadline date and time. SEND THE LETTER TO and/or if you have any questions contact:

Ashley Carlisle, Education Coordinator

By Mail: 10465 Melody Dr, Ste. 307, Northglenn, CO, 80234-4126 I

Email: acarlisle@nafws.org | Phone: (303)466-1725 Ext. 4

#### QUESTIONS:

- 1. How well and for what length of time have you known the applicant, what is your relationship to the applicant?
- 2. Please describe the applicant's attitude towards school and education.
- 3. Has the applicant demonstrated an interest in natural resources? How?
- 4. Does the applicant work well in a group setting?
- 5. Has the applicant had any disciplinary problems that you are aware of?
- 6. Has the applicant discussed his/her career goals with you? What are they?
- 7. What are the applicant's strengths and weaknesses?
- 8. Please include any additional information or comments that might help us evaluate the applicant's gualifications.

SIGNATURE OF RESPONDENT:	DATE:
NAME & TITLE OF RESPONDENT:	
ADDRESS:	

### NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM

### LETTER OF RECOMMENDATION 2

STUDENT: Please fill out top part and give this to an adult (over 18 years of age) who knows you and is familiar with your schoolwork, extracurricular activities, interest in natural resources or work qualities (for example: teacher, counselor, coach, job supervisor, tribal leader, elder etc. NOT A RELATIVE). Also, allow ample time for your recommender to submit, recommended time to ask/request a letter from a recommender is 2 weeks before the deadline date. An idea to ensure submission from recommender is to send a reminder email, phone call, letter, note or in-person.

DEADLINE FOR LETTER OF RECOMMENDATION: \_\_\_\_\_Monday, April 4, 2022 by 10 PM Mountain Time\_\_\_

APPLICANTS NAME: \_\_\_\_\_\_

STUDENT IS APPLYING FOR: NATIONAL SYP REGIONAL SYP, SPECIFY REGION:

RECOMMENDER: The individual named on this form is being considered for participation in the Native American Fish and Wildlife Society's Summer National. This course is designed to enhance Native Youth appreciation and understanding of tribal natural resources (Fish & Wildlife, Range Management, Watershed, Conservation Law Enforcement, Forestry, etc.) while encouraging them to consider careers in a natural resource field. On a separate document, you may find out more information at nafws.org. Please address the questions listed below or use them as a guideline. Please submit your letter of recommendation as an attached letter document with an official letterhead, we will not accept a letter in a body of an email.

Your letter is confidential: Please note the deadline above. Letter must be either MAIL POSTMARKED BY and/or EMAILED BY deadline date and time. SEND THE LETTER TO and/or if you have any questions contact:

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- 1. How well and for what length of time have you known the applicant, what is your relationship to the applicant?
- 2. Please describe the applicant's attitude towards school and education.
- 3. Has the applicant demonstrated an interest in natural resources? How?
- 4. Does the applicant work well in a group setting?
- 5. Has the applicant had any disciplinary problems that you are aware of?
- 6. Has the applicant discussed his/her career goals with you? What are they?
- 7. What are the applicant's strengths and weaknesses?
- 8. Please include any additional information or comments that might help us evaluate the applicant's qualifications.

SIGNATURE OF RESPONDENT:	DATE:
NAME & TITLE OF RESPONDENT:	
ADDRESS:	

### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM (National SYP)



### STUDENT CONTRACT

Acceptance to the 2022 National Summer Youth Practicum is a privilege, but it also requires students and parents/guardians to assume certain responsibilities.

#### STUDENT: I, \_\_\_\_\_, as part of the 2022 National Summer Youth Practicum accept the conditions stipulated below:

- 1. I will participate in and be on time to all session and activities, unless excused by a staff member.
- 2. I will conduct myself in an appropriate manner and be respectful and courteous as a representative of my Tribe.
- 3. I will sleep where assigned and realize that I may be with people I have never met.
- 4. I understand that no one is allowed outside of sleeping quarters after 10:30 pm and that all lights must be out by 11:00 pm and that there will be a bed check every night by a chaperone.
- 5. I will not use or bring or attain drugs or alcohol during the National SYP and I understand that by doing this, I will be sent home AT MY PARENTS'/GUARDIANS' EXPENSE.
- 6. I understand that I may be held responsible for any damage to National SYP equipment or facilities.
- 7. I understand that there must be quiet time between 11 pm and 7 am.
- 8. I understand that no water balloons or fireworks will be allowed.
- 9. I understand that no portable CDs, cassette players, ipods, portable speakers, vape pens, weed pens, etc., will be allowed during the National SYP and it is NOT the NAFWS responsibility for any loss or stolen items.
- 10. I understand that there will be no smoking nor vaping allowed, tobacco will or may be used for Traditional purposes only, and that by signing this contract, I will agree to refrain from smoking for that period.
- 11. I understand that foul language and/or cursing will not be tolerated.
- 12. I understand that during National SYP sessions and activities, I will not wear (i.e. earphones hanging from shirt collar) any headphones, earphones, and/or air pods, UNLESS given permission by staff.
- 13. I understand that no visitations from family, friends, etc. is allowed during the entirety of the program.
- 14. I understand that bullying and/or hazing (physical, verbal, emotional, sexual, mental) is not acceptable. I understand that by doing this, I will be sent home AT MY PARENTS'/GUARDIANS' EXPENSE.
- 15. I will adhere to these and all other rules of the National SYP including COVID-19 guidelines, YMCA of the Rockies and Colorado State University Mountain Campus.
- 16. I release and waive any claims I may have against the NAFWS and their officials, employees and agents for personal injury or property damage due to my participation in the 2022 National Summer Youth Practicum.

Student, I have read, understand, and accept all the conditions above:

Signature of Student: Date:

oxdot Parent or Guardian, I have read, understand, and accept all the conditions above and overviewed them with student:

Signature of Parent or Guardian: \_\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM (National SYP)



### MEDIA RELEASE STATEMENT

I, \_\_\_\_\_\_ PARENT OR GUARDIAN, OF \_\_\_\_\_\_

give permission for Native American Fish & Wildlife Society to take pictures, videos, Instagram Stories, of my student which may be shared with partnering organizations and/or used in newspapers, television, magazine articles, websites, NAFWS social media pages (Twitter, Facebook, Instagram), documentations, presentations and talks concerning the National SYP and NAFWS without compensation.

Parent or Guardian, I have read, understand, and accept all the conditions above:

Name of Parent (Pri	inted):
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Signature of Parent or Guardian:	Date:

### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM



### PARENT/GUARDIAN CONTRACT

(To be filled out by parent or guardian)

PARENT/GUARDIAN: I have read, understand, and agree with the following terms. Permission is given for my child to 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:

- 1. I understand that the Native American Fish & Wildlife Society or the chaperones will not be responsible for any theft, injury, or illness where my child is concerned.
- 2. I give permission for any chaperone or staff member to render first aid, if necessary.
- 3. I give my consent and permission for hospital staff to treat my minor child if needed in the case of an emergency, with the understanding that I will be contacted immediately.
- 4. I understand that the youth will be chaperoned responsibly, and every effort will be made to ensure a safe and enjoyable experience.
- 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 up immediately AT MY OWN EXPENSE.
- 6. I understand that bullying and/or hazing is NOT permitted and that if my child is caught bullying and/or hazing, I will pick him/her up immediately AT MY OWN EXPENSE.
- 7. I understand that as part of my child's application, the STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
- 8. I understand that if my child withdrawal's their participation within fourteen days prior to travel date, I may be responsible for returning travel costs that can include mileage and airfare to the NAFWS.
- 9. I understand that if my child is not vaccinated, my child must have a negative COVID-19 test 48 hours prior to their departure for the National SYP including submitting a negative COVID-19 form to the NAFWS.
- 10. I release and waive any claims I may have against the NAFWS and their officials, employees and agents for personal injury or property damage due to my child's participation in the 2022 National Summer Youth Practicum.

Name of Parent (Printed):

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

#### NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM

#### EMERGENCY INFORMATION PARENT/GUARDIAN CONTRACT

	(To be filled out by parent or g	uardian)	
STUDENT NAME:	PHONE	E:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
PARENT/GUARDIAN NAME:			
WORK PHONE:	MOBILE PHONE:	EMAIL:	
EMERGENCY CONTACT 1: (IF SAM	1E AS PARENT/GUARDIAN LEAVE "EMERGENCY CO	ONTACT 1 BLANK", FILL OUT EME	RGENCY CONTACT 2)
NAME:	PHONE:	RELATION	ISHIP:
EMERGENCY CONTACT 2:			
NAME:	PHONE:	RELATION	ISHIP:
PHYSICIAN NAME & ADDRESS: _			
PHONE:	MEDICAL COVERAGE:		
IS YOUR CHILD ELIGIBLE FOR CC	NTRACT HEALTH CARE COVERAGE FROM	I INDIAN HEALTH SERVICE	(IHS): YES NO
IHS CLINIC NAME, LOCATION, PI	HONE:		
	IR COVID-19 VACCINATION? IF YES, PLEA		E (I.E. MODERNA) AND
*** IF YOUR CHILD HAS NOT RECEIVED THEIR COVID-19 VACCINATION, NAFWS WILL REQUIRE A NEGATIVE COVID-19 TEST 48 HOURS PRIOR TO THEIR DEPARTURE TO THE NATIONAL SYP. WE WILL SEND A FORM FOR PARENTS/STUDENTS TO FILL AND SUBMIT – THIS FORM WILL REQUEST: STUDENT NAME, DATE OF COVID TEST, WHAT TYPE OF TEST AND TEST RESULT.***			
DOES YOUR CHILD HAVE ANY PH	HYSICAL DISABILITIES? (EXPLAIN):		
DOES YOUR CHILD WEAR GLASSES AND/OR CONTACT LENSES: YES NO			
SPECIAL FOOD OR DIETARY RESTRICTIONS:			
ALLERGIES (HAY, ANIMALS, BITE	S, STINGS, FOOD, DRINKS, MEDICATION)	(EXPLAIN):	
		ASTHMA?	
HAS YOUR CHLD HAD ANY MAJO	DR ILLNESSES IN THE PAST 5 YEARS?		
IS YOUR CHILD CURRENTLY TAK	NG ANY MEDICATION(S)?		
DOES YOUR CHILD REQUIRE ANY SPECIAL (EMERGENCY) MEDICATION?			
PLEASE LIST ANY OTHER INFORMATION WHICH YOU FEEL IS IMPORTANT:			

### <u>NAFWS LIABILITY WAIVER AND GENERAL RELEASE</u> FOR SUMMER YOUTH PRACTICUM RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact, by contact with contaminated surfaces and objects, and in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown. Evidence has shown the COVID-19 can cause serious and potentially life-threatening illness and death. Even with social distancing, mask-wearing and development of vaccines, new and emerging variants of COVID-19 may increase risk of transmission and/or mortality.

The Native American Fish and Wildlife Society (NAFWS), which conducts the Summer Youth Practicum (SYP), including each of their affiliates, members, employees, officers, instructors, aides, and/or agents (the "Released Parties") cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in the SYP. While the NAFWS will require all SYP participants and staff to have either received their COVID-19 vaccination or to have a negative COVID-19 test result within 48 hours of their departure for the SYP, it is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the SYP, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**<u>ASSUMPTION OF RISK</u>: I have read and understand the above warning concerning COVID-19.</u> I hereby choose to accept the risk of contracting COVID-19 for myself, and for my family members or others who I may expose, in order to participate in the SYP. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the SYP.** 

<u>WAIVER OF LAWSUIT/LIABILITY</u>: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the SYP. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims if negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**<u>OTHER TERMS</u>**: I fully understand and agree that (a) this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask questions about this Agreement and I fully understand its terms and meaning.

### I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND GENERAL RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE;

Name (printed):

Date: \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and General Release.

Signature:	
~	

Date:

Name (printed)





# COVID-19 PROTOCOLS FOR 2022 NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM (NATIONAL SYP)

The Native American Fish & Wildlife Society (NAFWS) is continuing to move forward. We are continuing to develop our new website, wildlife biologists trainings, and planning for in-person events. The 2022 Native American Environmental Awareness Summer Youth Practicum (National SYP) is being planned for an in-person session for July 9 – July 16, 2022 in Estes Park, CO at the YMCA of the Rockies and Colorado Mountain Campus. We are looking forward to engaging with Native high school students, exploring the natural resources fields and enjoying the great Rocky Mountains alongside our wonderful NAFWS staff.

With the uncertainties and concerns regarding COVID-19 and for the safety of the National SYP participants, staff, and instructors, we have constructed a COVID-19 Protocol. Decisions and operation of the National SYP will be based on state, federal and host orders and COVID-19 guidelines. This may cause the National SYP to run differently this year, but we did our best in developing our COVID-19 Protocols for the 2022 Native American Environmental Awareness Summer Youth Practicum and may be subject to change depending on new developments, recommendations, and health orders, this is not excluding the possibility of cancelling the inperson session at any time.

The NAFWS is working hard to ensure that the students and staff are safe while having a fun, enjoyable, and learning experience.

# PARTICIPANT AND STAFF SAFETY GUIDELINES AND PRACTICES

PRIOR TO THE NATIONAL SYP (BEFORE SATURDAY, JULY 9)

- NAFWS will provide students/staff with appropriate personal protective equipment (PPE) such as masks, face shield, hand sanitizer, sanitation guide. These items will be mailed to students/staff.
- Strongly encourage student/staff that had any recent (within 2 weeks before July 9) exposure to person(s) with COVID-19 and experiencing any COVID-19 symptoms. If so, we ask that the student/staff stay home.
- Highly encouraging and requiring our counselors and instructors to receive their COVID-19 vaccination (s) prior to the National SYP.
- Highly and strongly encouraging our SYP students to receive their COVID-19 vaccination prior to their participation in the National SYP, if they have the eligibility and opportunity. According to CDC, children over the age of 12 are eligible to receive their COVID-19 vaccination.

Updated: January 21, 2022

- Requesting staff and student's information regarding COVID-19 vaccinations to help prepare lodging logistics.
- Students and instructors are required to submit a negative COVID-19 test 48 hours prior to their departure for the National SYP. NAFWS will send a form, for students and instructors to fill and submit, at a later date.
- Parents/Guardians will have to review and sign a NAFWS COVID-19 Liability form and any additional form required by the host sites.

# DURING THE NATIONAL SYP (SATURDAY, JULY 9 – SATURDAY, JULY 16, 2022)

## LODGING

- Counselors will sanitize all the rooms prior to student's arrival.
- Since students will be required to have a negative COVID-19 test prior to the National SYP or have received their COVID-19 vaccination, students will lodge together.
- Students will be allowed to be maskless ONLY in their rooms, outdoors when physically six-feet apart or in instances of all vaccinated individuals (per CDC guidelines).
- Students will be highly encouraged to wash and/or sanitize their hands before entering and leaving their room.

# CLASSROOM

- Students will be pre-screened at the start of each day.
- Students will be required to wear masks within the classroom, in any building of the YMCA of the Rockies, any public building, on Colorado State University's campus and when in outdoor situations where a six-feet physical distance is not possible.
- Students will be kept in minimal contact with other guests and groups.
- Sanitation of classroom and equipment, before and after use with CDC recommended cleaning and sanitation materials.
- Activities and lectures will be outside when deemed appropriate.
- Classroom will be well ventilated by opening and keeping open windows and doors.

## FOOD & DINING

The YMCA of the Rockies has an Aspen Dining Room and CSU Mountain Campus dining room that are open daily which is where we will be having our meals. In-sitting dining is currently open and put our efforts towards eating away from groups of people and wearing masks throughout the dining area.

## SIGNAGE & ACCOUNTABILITY

■ Signs will be placed throughout the areas SYP participants and staff will occupy, reminding of handwashing, hand sanitation, correct mask wearing, etc.

- We encourage students and staff to hold each other accountable in an encouraging and respectful manner
- Student(s) will be rewarded and recognized for doing an exceptional job in practicing COVID-19 safety and sanitation guidelines including helping and keeping others accountable

IF A STUDENT, STARTS TO FEEL COVID19-LIKE SYMPTOMS AT THE NATIONAL SYP

- We will follow the <u>State of Colorado guidelines for Cases and Outbreaks in Child Care and Schools</u> as best as we can.
- If a student or staff does not pass the <u>At home COVID-19 screening checklist</u>, then the student or staff will immediately be quarantined in their room. Student's parents/guardians will be notified. Staff will check on student or staff, consistently throughout quarantine, while keeping themselves safe (i.e. possibly talking through the door or calling their cell phone).
  - If symptoms, are resolved within 24 hours, student/staff will be allowed to be out of quarantined based on the "<u>Return to Learn</u>" tool.
  - If symptoms worsen or do not resolve, student's parents/guardians will be notified. NAFWS will prepare student to travel home and/or visit the local hospital.

## ACKNOWLEDGE AND AGREEMENT

$\Box$ Student, I have read, understand and accept all t	the conditions above:
Name of Student:	
Signature of Student:	Date:
Parent or Guardian, I have read, understand and overviewed them with student:	accept all the conditions above and
Name of Student:	

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

# FOR MORE COVID-19 INFORMATION:

### CENTER OF DISEASE CONTROL (CDC)

https://www.cdc.gov/

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html

### STATE OF COLORADO

https://covid19.colorado.gov/for-coloradans

### YMCA OF THE ROCKIES

https://ymcarockies.org/what-to-expect/