

CHINESE LINGUISTIC SCHOOL OF PHOENIX

Application Form

Student's Name _____

Home Address _____

City and Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____

Relation, _____ Phone _____

Mandarin Class (1:30pm - 3:30pm)

Grade Entering (circle) (for children ages 4 and up from a **Mandarin-speaking family**)

Preschool Basic-II 1 2 3 4 5 6 7 8

Level Entering (circle) (for children ages 4 and up from a **non-Mandarin-speaking family**)

Intro A Intro C Intro D Level 1 (Children ages 8+) Level 2 Level 3 Level 4 Level 5 Level 6

Let's Talk -A Conversation Class (**Prerequisite is Level 5 proficiency. This class may be repeated.**)

Cultural Enrichment Program (3:30pm - 4:30pm)

(circle] None Youth Dance Team Youth Basketball

Adult Basketball (1:30pm - 3:30pm)

Adult Chinese Knot-tying (1:30pm - 2:30pm)

Age _____

The Chinese Language School (CLS) is not affiliated, associated, authorized, endorsed by, or in any way officially connected with Mesa Community College (MCC), the Maricopa County Community Colleges (MCCCD) or any of its subsidiaries or its affiliates. The official Mesa Community College website can be found at <http://www.mesacc.edu>.

The names MCC and MCCCD as well as related names, marks, emblems and images are registered trademarks of their respective owners

CHINESE LINGUISTIC SCHOOL OF PHOENIX

MEDICAL CONSENT FORM

I, _____
(Parent or Guardian's Name) (Relation)

of _____
(Name of Student) (Date of Birth)

of _____
(Complete Home Address, Including Zip Code)

(Phone Number)

hereby authorize in advance any necessary medical treatment required while he/she is absent from home for activities as listed above.

(Name of Family Doctor) (Phone No.)

Medical Insurance Carrier _____

Food Allergies _____

Medication Allergies _____

Is your student currently taking any medications? (circle) YES NO

If YES, what? _____

(Signature of Parent or Guardian) (Date)

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STUDENT CONTRACT

NAME OF STUDENT (please print): _____

I recognize that Mesa Community College is part of the Maricopa County Community College District and I must abide by District and College policies and procedures.

I agree to conduct myself in such a manner that I will bring credit to my parents/guardian, my community and myself. I realize the activity I am attending is not an award in itself, but it is another means by which I can make a contribution to my personal development.

I agree to abide by the rules of personal conduct prescribed by the faculty in charge as well as by the standards established by the Code of Conduct.

I agree to attend activities required unless specifically excused by the teachers in charge.

I also agree that if I do not abide by the policies and procedures set forth, I may lose the opportunity to continue with my classes.

(Signature of Student)

(Date)

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CODE OF CONDUCT

The Maricopa County Community College District (MCCCD) has approved a resolution that smoking, drinking alcohol, and unseemly behavior of any kind is prohibited while on any of the MCCCD campuses.

I will conduct yourself at all times by:

- o At all times, showing respect for the rights and property of others.
- o Being courteous toward others.
- o Being honest and not taking unfair advantage of others.
- o Refraining from loud, boisterous talk, inappropriate language or inappropriate behavior.
- o Attending class on time, promptly, and respecting the opinions of others.
- o Observing the rules and regulations established by those in charge of the Summer College.
- o Arriving no earlier than 15 minutes before class begins, nor remaining on campus any longer than 15 minutes after class ends.

Students Rights & Responsibilities (<https://www.mesacc.edu/students/student-rights-responsibilities>) and I agree to abide by these rules.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

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Performance Release Form

Chandler-Gilber	Estrella Mountain	GatefVay	Glendale	Mesa
Paradise Valley	Phoenix	RioSalado	Scottsdale	South(Vlountain

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice, and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational and promotional purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate in perpetuity.

Name: _____ Date: _____

Address: _____ Phone Number: _____

Signature: _____

Parent/ Guardian
Signature (if under 18): _____ Witness: _____

I understand that I will not receive any compensation for the distribution of my appearance or performance through MCCCCD. I also understand that MCCCCD is not obligated to broadcast or distribute my appearance or performance, and that any use that MCCCCD may make of my appearance or performance is at its sole discretion.

I am / I am not the owner of the intellectual property in the work that I performed or will perform ("Work"). The name and description of the Work that I own is: _____ As the owner, I give MCCCCD a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCCCCD at no additional cost beyond any fees that the Maricopa County Community College District has paid or will pay me for my appearance.

Name of Event: _____ Date of Event: _____

Name: _____ Signature: _____

Parent/ Guardian
Signature (if under 18): _____ Witness: _____

The Maricopa County Community College District will provide the signer with one copy of the tape of the appearance or performance at no charge, if requested. Additional copies may be requested for a charge.

MC-TRF (08/29/19)

The Maricopa County Community College District (MCCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.

Complete in **BLUE** or **BLACK** ink- Submit **BEFORE** you begin your service

Student's Printed Name: _____

Course Info (Course, Day & Time): _____

MARICOPA
COMMUNITY COLLEGES

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

**EXPERIENTIAL EDUCATION ASSUMPTION OF RISK
& RELEASE OF LIABILITY**

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its **official's, officials, employees, volunteers, students, agents, and assigns.**

I _____ will be participating as an experiential education student at _____ (henceforth referred to as the "Program") from 8/19/19 to 12/12/19. In consideration of my participation in this Program, I agree as follows:

RISK OF PROGRAM ACTIVITIES: I understand that my participation in the College Program specified above involves risks of physical harm and injury inherent in service activities including, but not limited to, working **with people participating in sports and recreation activities, cleaning and maintenance projects, preparing and serving food, and other service activities.**

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party that I may provide any Program services to. I understand that College **provides guidance and facilitates my Program activities only as a component of my experiential education** experience and that accordingly, College accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to me or others while participating in the Program. I further understand that College is not responsible for matters that are beyond its control.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am doing Program activities and that College cannot and does not guarantee my personal safety. In addition, I specifically acknowledge that in performing Program activities, I am doing so independently in the status of student of the Program I choose, and not as an employee, or agent of College. I further waive any and all claims which may arise from such Program activities, acknowledge that workers' compensation benefits are not provided to me in my capacity as a student, and hold College harmless from any of my negligent acts. I further understand and state that I am not in any way an employee of College while performing this service or engaged in this project

I further agree that I am solely responsible for my own equipment, supplies, personal property, and effects during the course of Program activities.

In addition, I agree that if I drive or provide my own motor vehicle for transportation to, during, or from the Program site, I am responsible for my own acts and for the safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a **private vehicle,**

College is not in any way responsible for the safety of such transportation and that College's insurance does not **cover any damage or injury suffered in the course of traveling in such a vehicle.**

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs, I state that there are no health-related reasons or problems that preclude or restrict my participation **in this Program. I have obtained the required immunizations, if any.**

I understand that I may be required to pay up front for my medical expenses that I incur while participating in this Program. Further, I understand that I am responsible to submit any medical receipts to my insurance carrier upon my return. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship **between the MCCC and me. I release the MCCC, its officers, officials, employees, volunteers, students, agents** and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive **resulting from my participation in Program, as well as any medical treatment decision or recommendation made by** an employee or agent of the MCCC, I agree to pay all expenses relating thereto and release College and MCCC from any liability for any actions.

Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon taking care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal protective equipment) and provide the proper personal equipment 'for my participation in the Program, and to ensure that it is good and suitable condition, I agree to ask questions to make sure that I know how to safely participate in the Program activities, and I agree to observe the rules and practices which may be employed to minimize the risk of injury while participating in the Program activities. I agree to reduce the risk of injury to myself or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing anything that would pose a hazard in the performance of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement that I may not be permitted to continue to participate in the activity.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: I understand that I may be injured and lose or damage personal property as a result of participation in the Program. Therefore, I assume all risks related to the Program activities, Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and MCCC and their officials, officers, employees, **agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my** participation in this Program.

SIGNATURE: I indicate that by signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Agreement and acknowledge that I understand it. **No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been** made. This Agreement shall be governed by the laws of the State of Arizona which shall be the venue for any lawsuits filed under or incident to this Agreement or to the Program. If any portion of this Agreement is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date

Birth year of Program Participant (if student is a minor)