

Mesa Community College
CHINESE LINGUISTIC SCHOOL OF PHOENIX
Application Form

Student's Name _____

Home Address _____

City and Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____

Relation _____ Phone _____

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 -I Basic-II 1 2 3 4 5 6 9/10 11-B

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

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

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

Conversation (for students, including adults, with little to no Mandarin experience)

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

(circle) None Youth Craft Youth Dance Team Youth Basketball

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

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

Age _____



Mesa Community College
CHINESE LINGUISTIC SCHOOL OF PHOENIX
MEDICAL CONSENT FORM

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

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

(Social Security No. of Student)

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)



Mesa Community College
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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)



Mesa Community College
CHINESE LINGUISTIC SCHOOL OF PHOENIX
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.

You will conduct yourself at all times by:

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

I have read and understand the MCC Code of Conduct. I understand if a violation occurs, I may be asked to withdraw my student and forfeit any tuition paid.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)





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

PHOTO & TALENT RELEASE FORM

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 and distribute the recording in whole or in part solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _____ Date: _____

Address: _____ Phone No.: _____

Signature: _____

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

(Complete the following if intended use includes broadcasting)

In addition, I authorize the Maricopa County Community College District, and those acting under its authority, to broadcast my participation, appearance or performance on Maricopa Colleges Television (“MCTV”) facilities in Maricopa County and on any television stations licensed to MCTV. None of the stations are commercial stations. The number of broadcasts will not exceed ____ during the 12 months following the date of my appearance or performance. MCTV may edit the recording of my performance to meet time requirements and may play such recordings in whole or in part to meet its schedule. MCTV will cease using any edited recording upon my objection to it in writing. MCTV may use my name, photograph, biographical information and short excerpts of my appearance or performance for promotional use without my inspection or approval of the finished product.

I understand that I will not receive any compensation for the distribution of my appearance or performance through MCTV. I also understand that MCTV is not obligated to broadcast or distribute my appearance or performance, and that any use that MCTV 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 MCTV a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCTV 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: _____



**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

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

Mesa Community College is a non-profit educational institution. References to Mesa Community College ("College") include Mesa Community College, the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents and assigns.

I (print your name) _____, freely choose to have my child participate at Mesa Community College.

In consideration of my child's voluntary participation, I agree as follows:

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, or other goods or services associated with the program. I understand the College is providing these services only as a convenience to participants and that accordingly, the College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property. I further understand the College is not responsible for matters that are beyond its control. I acknowledge the College reserves the right to cancel the program without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage my child may suffer when he/she is traveling independently or if he/she is otherwise separated or absent from any College activity. In addition, I understand that any travel that my child does independently on his/her own before or after the College sponsored the program is entirely at my own expense and risk.

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

I recognize the College is not obligated to attend to any of my child's medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my child's participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my child's health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions regarding my child.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of permitting my child to participate in the Program, I agree to release, indemnify, and defend the College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which my child, the participant, his/her parents or



legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in this Program.

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

(Name of Program Participant (please print))

(Signature of Parent/Guardian)

(Date)

