



Chinese Linguistic School Application

Student Information				
Students Name: (Last name, first name, middle name)				
Date of Birth: (month/day/year)	Home address:			
City:	State:	Zip Code:	Home Phone: ()	Cell Phone: ()
Email Address:				

Additional Information		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other _____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Grade:	Name of school you attend:	Age:

If under 18 – Please fill out:

Parent/Guardian Information	
Parent Name:	Parent Name:
Home address: (if different)	Home address: (if different)
Daytime Phone or Cell:	Daytime Phone or Cell:
Email Address:	Email Address:

For Office Use only			
Semester: Fall Spring Summer	Date process:	By:	
Submitted: ID/Birth Certificate. Y N	Submitted Financial Responsibility/FERPA Form: Y N		



Emergency Contact and Medical Form

Use black ink to fill out application form completely. Please print legibly.

Name of the student:				Age:		Date of Birth:	
<p>We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor and I hereby authorize in advance any necessary medical treatment while said minor is absent from home for activities relating to the Chinese Linguistic School.</p>							
_____ Signature of Parent /Guardian				_____ Date			
Emergency Contact Information							
Name:				Name:			
Relationship to student:				Relationship to student:			
Phone number:				Phone number:			
Health Insurance Information							
Health insurance carrier:				Health insurance phone #: ()			
Name of policy holder:					Policy ID:		
Physician Information							
Physician name:				Phone number: ()			
Address:				City:		State:	Zip code:
Known Allergies (food, insects, medication, other)							

Current medications:							



Chinese Linguistic School

Student Program Agreement/Code of Conduct Form

STUDENT INITIAL EACH SECTION

_____ 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.

_____ agree to conduct myself in such a manner that I will bring credit to my parents/guardian, my community and myself.

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

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

_____ also agree that if I do not abide by the policies and procedures set forth, I may lose the opportunity to continue with the Chinese Linguistic School.

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 appropriately at all times by:

- 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 program activities on time, promptly, and respecting the opinions of others.
- Observing the rules and regulations established by those in charge of the College.

I have read and understand the Chinese Linguistic School program agreement and code of conduct. I understand if a violation occurs, I may be asked to withdraw my student.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)



Transportation Agreement for under 18 students

Mesa Community College will not provide transportation for the students participating in the Chinese Linguistic School. By signing this form, you are agreeing to be responsible for providing transportation, and to make sure you drop off and pick up students to their designated classroom.

No one will be permitted to sign-in or sign-out your student if their name is not listed below. All persons must have and show their picture ID. Make sure you list all adults even if you reside in the same household.

THE FOLLOWING ADULTS ARE AUTHORIZED TO SIGN-IN AND SIGN-OUT MY CHILD FROM THE Chinese Linguistic School.

1. Parent/Guardian (please print) _____
 Cell Phone _____ Work Phone _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____

2. Parent/Guardian (please print) _____
 Cell Phone _____ Work Phone _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO SIGN-IN AND/OR SIGN-OUT STUDENT

1. Name _____
 Cell Phone _____ Work Phone _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship to the student: _____

2. Name _____
 Cell Phone _____ Work Phone _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship to the student: _____

3. Name _____
 Cell Phone _____ Work Phone _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship to the student: _____

By signing, you agree that you have completely filled out this form to the best of your knowledge and that this form is included in the packet with all photo IDs in file.

Students name (please print) _____ Today's date _____

Parent's Signature _____



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942



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: _____



**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
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 in the Chinese Linguistic School hosted at Mesa Community College. In consideration of my child's voluntary participation in the **Chinese Linguistic School** 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 Chinese Linguistic School 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 Chinese Linguistic School Program without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by the 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 Chinese Linguistic School 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 Chinese Linguistic School 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)