

**MESA COMMUNITY COLLEGE**  
**Information Packet**  
**2024 YOUTH COLLEGE**

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**Registration Packet: Registration will NOT be completed until this packet has been received:**

1. **Online Application** at [www.mesacc.edu/music](http://www.mesacc.edu/music) > Music Theatre > Magic of Musical Theatre Workshops > Application
2. **Identification (ID) Authentication** (*If you are a returning student and provided a Photo ID last summer, you DO NOT have to provide it again.*)  
14 years and older – Must provide Picture ID for Student Identity Verification.  
Please see Identification (ID) Requirements for MCCCCD Applicants for acceptable documents.
3. **Parent/Guardian Financial Responsibility Form**

Please submit the Identification and Financial Responsibility Forms **only** in one of the following manners:

- **In person in the Music Department Office**
  - Southern & Dobson Campus Only, Building 43, Music Office
- **Email to:** [alma.quiros@mesacc.edu](mailto:alma.quiros@mesacc.edu)
- **mail to:**

Alma Quiros  
MCC Music Department  
1833 West Southern Avenue  
Mesa, Arizona 85202

## **Parent Information Packet**

Workshop I - please bring this packet to your Audition.

Magic Music Kidz – Please bring this packet to the 1<sup>st</sup> day of the workshop.

- Maricopa County Community College District Assumption of Risk and Release of Liability
- Code of Conduct / T-Shirt Order Form
- Transportation Agreement Form
- Medical Release form / Talent Release Form

*Please call the Music Department at (480) 461-7575 if you have any questions.*



**LIMIT FRUSTRATION AND MULTIPLE TRIPS . . .**  
**BRING THE RIGHT FORM(S) OF ID**

**Identification (ID) Requirements for MCCCDC Applicants**

All Documentation Must Be Current, Valid and Legible\*

DOCUMENTATION	LAWFUL PRESENCE	✓ - YES	✗ - NO
		IDENTIFICATION (ID) AUTHENTICATION	TESTING
A foreign passport with a United States visa	✓	✓	✓
An Arizona driver's license issued after 1996 or an Arizona non-operating identification license or an Arizona Instructional Permit	✓	✓	✓
A United States passport (including passport cards)	✓	✓	✓
An I-94 form with photograph	✓	✓	✓
A United States citizenship and immigration services employment authorization document or refugee travel document	✓	✓	✓
A United States Permanent Resident Card	✓	✓	✓
A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States ( <i>A hospital record/ certificate and certified Abstract of Birth are not acceptable</i> )	✓	✗	✗
A United States certificate of birth abroad	✓	✗	✗
A United States certificate of naturalization	✓	✗	✗
A United States certificate of citizenship	✓	✗	✓
A tribal certificate of Indian blood or tribal or Bureau of Indian Affairs affidavit of birth	✓	✗	✗
A United States Military ID card (active duty, reserve, and retired)	✗	✓	✓
Matricula Consular	✗	✓	✓
Tribal ID	✗	✓	✓
Current K-12 Student ID	✗	✓	✓
Most current, valid, United States government issued photo ID*	✗	✓	✓
Other International Government Identification	✗	✓	✗
College ID	✗	✗	✓

\*Maricopa reserves the right to request additional documentation

06/2016



This form is for all students under the age of 18, except for foster youth (*see information below signatures*). Students under 18 years old must have consent from a parent/guardian to enroll at the Maricopa Community College in credit, clock hour, or non-credit courses. This form is proof of and fulfills the following requirements: student information release, registration by proxy, financial responsibility, and for text messaging/ automated communication. **Consent is valid until rescinded by the parent/guardian, the student fully matriculates, or until the student turns age of 18.** Legally required notifications with opt out provisions will still be sent.

Please complete this form in its entirety, so as not to delay enrollment.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
College: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number (Optional): \_\_\_\_\_ \*SS number will be kept confidential

**Student Information Release Authorization**

The student agrees to the exchange of academic information between the participating institutions, including but not limited to college grade reports, transcripts, and any other pertinent documents. The student gives permission to release Maricopa Community College student information to their parents/guardians in accordance with Federal Law. This does not disturb the annual notifications with opt out provisions from occurring through standard notification practices.  YES  NO Choose 4-digit PIN for account access: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ *Note: Share PIN with your parent/guardian.*

**Registration by Proxy Authorization**

Students under the age of 18 who are unable to register on their own may have a parent/guardian register for them "by proxy." However, in order to comply with federal laws dealing with the confidentiality of official student records (Family Education Rights and Privacy Act of 1974), a release must be granted to authorize Registration by Proxy. I consent to the parent/guardian named above to initiate enrollment actions on my behalf.  YES  NO

**Consent to Contact**

I give permission to the Maricopa Community Colleges to contact my child via SMS text messaging and automated calls or other methods of communication for official business to the phone number(s) in my student's account.  YES  NO

**Financial Responsibility**

As the parent/guardian of a minor student, I approve the enrollment in any Maricopa Community College course until the students turns 18 years old. I also acknowledge I have read the Maricopa County Community College District Tuition and Fees Policy and the Maricopa Refund Policy below.

I understand that tuition and fees are added to a student account as a result of enrolling in classes. Once registered and enrolled, if not dropped by the 100% refund deadline, I am responsible for all tuition, fees, and fines charged to my child's student account. Failure to attend class does not absolve me of the financial obligation as described above. Failure to resolve past due balances may result in an impact of services, including holds on my child's student account restricting future registration, other services, and forwarding of any unpaid past due balances to collection agencies.

I understand that I am responsible for all tuition, fees, and fines that may be incurred related to my under age 18 student's enrollment at the Maricopa Community Colleges. I understand an email outlining my financial responsibility will be sent annually.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students who are under 18, and in foster care, may enroll for classes at MCCCDC schools without a guarantee of funding from a parent or guardian. In order to prove status in foster care, students must provide documentation that shows they are a current ward of the court. Accepted documentation includes, but is not limited to: a signed letter on DCS letterhead, initial dependency hearing documentation, a Notice to Provider, or a signed letter on group home letterhead. Upon receipt, the signature of a parent or guardian will be waived.

**Please note:** All students are enrolled in the ALERT notification system in order to receive Emergency Alerts concerning health and safety of people on campus/sites via text messaging. Please ensure your student provides a current cell phone number.

The Maricopa County Community College District (MCCCDC) 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>.



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

GENERAL 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 officers, officials, employees, volunteers, students, agents, and assigns.

I \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity.)

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.

College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. 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. In case of a medical emergency occurring during my 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. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, 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 MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College 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 my signature below that I have read the terms and conditions of 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.

Signature of Program Participant

Date

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

Date

## CODE OF CONDUCT

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

You will conduct yourself 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 camp on time, promptly, and respecting the opinions of others
- Observing the rules and regulations established by those in charge of the Summer College Program
- Arriving no earlier than 15 minutes prior to the published class start time, nor remaining any longer than 15 minutes after the published class end time

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## T'SHIRT ORDER FORM

PARTICIPANT NAME \_\_\_\_\_  
(PLEASE PRINT)

T'SHIRT SIZE (circle)

**YOUTH:**      Small (6-8)      Medium (10-12)      Large (14-16)      XL (18-10)

**ADULT:**      Small      Medium      Large      XL      XXL



Transportation Agreement

Mesa Community College will not provide transportation for the students participating in the **MMT/MMK**. By signing this form, you are agreeing to be responsible for providing transportation.

**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 MMT/MMK**

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 ID's in file.

Students name (please print) \_\_\_\_\_ Today's date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Mesa Community College Youth College  
Health Record/Medical Release Form**

**This form must be completed and returned with registration form in order for the student to be permitted to participate in MCC's summer camp 2024.**

Student's Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City, State ZIP	
Home Phone	Cell Phone	
Parent/Guardian Name	Relationship To Child	
Parent/Guardian Signature	Date	
Primary Physician's Name	Phone Number	
Name of Health Insurance Provider	Policy #	
Policy Holder Name		
In case of emergency, please notify		Phone Number
If neither parent or guardian is able to be contacted please contact:		Phone Number

**Please indicate if the student suffers from any of the following allergies, diseases or conditions:**

- Asthma     
  Convulsions     
  Peanut Allergy     
  Other \_\_\_\_\_  
 Diabetes     
  Behavioral Issues/Plans     
  Penicillin Allergy

Does student have any chronic or recurring illnesses?  Yes  No *If Yes, please describe* \_\_\_\_\_

Please list the medications that the student will be taking while at MCC \_\_\_\_\_

Is there anything else in student's health history that we should be aware of? \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT IN CASE OF EMERGENCY**

I do hereby authorize that all of the information contained herein is correct and that my child is fully able to participate in all MCC Summer College activities without the need of individual or specialized attention or medical regimen. I agree to notify MCC of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of MCC teaching and administrative staff, emergency room physicians or any other clinical physicians with the understanding that I (or my authorized representative) will be notified as soon as possible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**MARICOPA**  
COMMUNITY COLLEGES

**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 the recording, in whole or in part and distribute it, including through podcasts on the Internet, 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: \_\_\_\_\_