

MESA COMMUNITY COLLEGE

Band Camp Registration Packet

2015 Summer YOUTH College

Complete each form and send in prior to April 3, 2015.

- Code of Conduct
- Medical consent form
- Photo & Talent Releases
- Maricopa County Community College District Assumption of Risk and Release of Liability

Questions? <mailto:robert.hunter@mesacc.edu>

Mail, Fax or E-mail the completed forms to the address below. Be sure you also complete the online registration form at <http://goo.gl/forms/RwVkn3g4u7>

A recommendation is required from a teacher. Please ask your teacher to send their recommendation to robert.hunter@mesacc.edu

Phone: 480-461-7884 (Camp Office)

Fax: 480-461-7422

Email: robert.hunter@mesacc.edu

Mesa Community College – Summer Band Camp

Attn: Dr. Robert Hunter

1833 W. Southern Ave

Mesa, AZ 85202

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 MCCCDC 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



**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 2015.

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 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 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 in the 2015 Youth College at Mesa Community College.

In consideration of my child's voluntary participation in the 2015 Youth College, 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 MCC Youth College. 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 2015 MCC Youth College 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 Summer Youth College 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 Summer Youth College. 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)

