



**MESA
COMMUNITY COLLEGE**

A MARICOPA COMMUNITY COLLEGE

Camp Registration Packet

Registration will NOT be completed until the Summer Camp Application, the Photo ID, Parent/Guardian Financial Responsibility Form and Camp Registration Packet have been received. Once your registration is complete, you will receive an email with payment information. Your registration will be completed once we receive payment confirmation.

Please download, print and complete and sign all forms.

- Maricopa County Community College District Assumption of Risk and Release of Liability
- Code of Conduct
- Transportation Agreement
- Medical Release Form
- Talent Release Form



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*

✓ - YES

✗ - NO

DOCUMENTATION	LAWFUL PRESENCE	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



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

Parent and Student Program Agreement/Code of Conduct Form

STUDENT INITIAL EACH SECTION

I recognize that Mesa Community College, and the Multi-Media Madness summer camp program, are a 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 agree to abide by the rules of personal conduct prescribed by the faculty in charge as well as by the standards established by the MCCD Student 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 Mutli-Media Madness summer camp.

PARENT INITIAL EACH SECTION

N/A I agree to attend the *Parent Participation* scheduled for **NOT AVAILIABLE**

I agree to ensure that I (or my designated person) will drop-off my child at the designated time.

I agree to ensure that I (or my designated person) will pick-up my child at the designated time.

I agree to sign-in / sign-out (in person) at the time of dropping-off and picking-up my student

I agree to ensure that my child attends required activities unless specifically excused by the teachers in charge.

I understand that if my child does not abide by the policies and procedures set forth, he/she may lose the opportunity to continue with the Mutli-Media Madness summer camp program.

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. Students attending the MCC Multi-Media Madness summer camp program **will be required to wear their I.Ds each day.**

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 MCC Multi-Media Madness summer camp 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)





Parent/Guardian Transportation and Sign-In/Sign-Out Acknowledgment

Mesa Community College will not provide transportation for the students participating in the Multi-Media Madness summer camp. By signing this form, you accept responsibility for providing transportation to and from camp.

WITHOUT EXCEPTION, ONLY THE PERSONS LISTED BELOW WILL BE ALLOWED TO SIGN IN OR SIGN OUT STUDENTS. ALL PERSONS MUST HAVE PICTURE ID AND SHOW ID AT TIME OF SIGN-IN AND SIGN-OUT. LIST ALL ADULTS WHO WILL DROP OFF AND/OR PICK UP YOUR STUDENT, EVEN IF THEY RESIDE IN THE SAME HOUSEHOLD.

THE FOLLOWING ADULTS ARE AUTHORIZED TO SIGN-IN AND SIGN-OUT MY CHILD FROM THE MULTI-MEDIA MADNESS SUMMER CAMP

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:

My signature below indicates that I have read and understand, and agree to the Parent/Guardian Transportation and Sign-In/Sign-Out Acknowledgment. I agree to provide a copy of the ID of each adult listed above
 Student Name _____

Parent/Guardian Signature _____

Date _____

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:
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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 summer program.

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:

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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: Multi-Media Madness Summer Camp 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: Multi-Media Madness Summer Camp Date of Event: 6/3/24-6/13/24

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>.