



Teen English Program July 12-August 4, 2017

Dear Parent or Guardian,

Thank you for registering your child for the Teen English Program. We are looking forward to another terrific summer and are delighted that your teen will be a part of it. Please read and save the following information regarding your child's summer program.

Site Telephone Number

For general program or registration inquiries during normal business hours, please contact the main CESL office at (520) 621-3637. For after-hours emergencies, please contact CESL at 520 971 4880. This phone will be answered 24 hours a day.

Parental Permission Forms

Health Information and Parent Permission forms may be found on pages 4-8 of this document. Please print, complete and sign these forms and submit them at the time of application.

Packing

When helping your child pack for camp, please keep in mind the following guidance. Tucson summers are typically very warm, but classrooms are often a bit chilly, so bringing at least one sweater or sweatshirt is advised. All meals and snacks will be provided. All medicines should be in their original container with dosage information clearly provided on the label and given to staff upon check-in.

Check In/Check Out

Check in will be from 3:00-5:00pm on Wednesday, July 12th at the front desk of the designated dormitory.

Check-out will be 9:00-10:00am on Saturday, August 5th at the dormitory. The CESL Teen English Program will host a Closing Ceremony from 12:30-2:30pm on Friday, August 4th. Parents are welcome to attend if their schedule permits, but attendance is not mandatory.

Overnight Housing

Students will be housed in gender segregated halls in the dormitory. There will be a dedicated resident assistant (RA) for every 10 students.

Special Needs

CESL is committed to providing inclusive programming. We work with the University Disability Resource Center to ensure programs are fully accessible. Please feel free to contact the CESL office in advance of your child's program if you would like to speak with the staff about any accommodations your child may require.

Supervision



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Center for English as a Second Language

Trained and certified instructors and resident assistants will supervise and lead camp activities. Appropriate CESL staff are CPR and First Aid Certified, have received fingerprint background checks and have extensive experience working with adolescents.

Homesickness

The staff members of CESL have been trained to handle camper homesickness and take a proactive approach to dealing with this common issue. Keeping students actively engaged in activities and fostering a sense of community among their fellow students help most people work through the initial bout of homesickness. If your child continues to have difficulty and is unable to participate in their academic and recreational programs, parents will be contacted.

If you have any further questions, please feel free to contact us at
CESL at 520-621-3637 or cesl@email.arizona.edu.



Child Name: _____ Birth Date _____

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

Address: _____ City _____ State _____ Zip _____

EMERGENCY MEDICAL INFORMATION:

For treatment purposes:

List all medications taken (prescription and over the counter) and dosage information.

List all allergies (food, drug, plant, insect etc.)

List all current and/or chronic medical conditions.

Emergency Contact Information (Please provide contact information for 2 adults not listed above)

_____	_____	_____
Name	Phone Number	Relationship to Child

_____	_____	_____
Name	Phone Number	Relationship to Child

I hereby give permission for (child's name) _____ to participate in the Center for English as a Second Language's Teen English Program. I authorize the University to arrange for appropriate medical treatment deemed necessary by program staff.

Parent/Guardian Signature _____

Date _____



I am the parent or legal guardian of (child's name) _____ ("Minor"). On behalf of the Minor, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, videos, or digitally recorded images (collectively "images") taken of the Minor while participating in (camp name) _____ activities, for use in University publications such as recruiting brochures, newsletters, and magazines, and to use such images on display boards, or electronic versions of the same publications, or on University websites or other electronic forms or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me. I waive any right to inspect or approve the finished images or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images. I agree to release and hold harmless the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Printed Name of Program Participant's Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____



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Center for English as a Second Language

UNIVERSITY OF ARIZONA ALTERNATIVE PICK-UP PERSON RELEASE FORM

If someone other than your child’s legal parent/guardian will be picking your child up from their University of Arizona program, please complete the form below.

CHILD’S NAME _____

CAMP/PROGRAM NAME: _____ Teen English Program _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE _____

**I HEREBY GIVE PERMISSION FOR THE FOLLOWING INDIVIDUAL(S) TO PICK UP THE MINOR
PROGRAM PARTICIPANT NAMED ABOVE:**

NAME: _____

RELATIONSHIP TO MINOR: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO MINOR: _____

PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE _____

DATE: _____



**UNIVERSITY OF ARIZONA
BEHAVIORAL EXPECTATIONS FOR MINORS**

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Programs or activities it sponsors. The University encourages an environment of mutual respect among participants, volunteers, staff, and faculty. Minors are expected to follow all University policies as well as the guidelines listed below:

1. Work cooperatively and respectfully with other Minors and Program staff.
2. Follow established Program and activity rules and directions.
3. Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in my removal from the event or activity.
4. Use all University property and materials appropriately. Charges may be incurred in the event of misuse or damage.
5. Dress appropriately for the activities as directed by Program staff, including the use of safety gear where required.
6. Remain on event property or with the group at all times. Participants should not leave the property or group without prior notification and authorization from Program staff.
7. Obey all local, state, and federal laws.
8. Do not bring any prohibited items to activities and events, including tobacco, alcohol, drugs, illicit material, and weapons outside of sanctioned events.
9. Do not host guests in University-owned or University-provided overnight accommodations without express permission from Program staff.
10. Report to the Program supervisor any abuse or neglect committed against any Minor during Program activities.
11. Electronically contact Program staff only for programmatic reasons and only using official channels (i.e., website, Facebook page) established by the Program for such purposes.

It is the goal that all Minors have a positive experience at events and activities offered, hosted, or sponsored by the University of Arizona. In order to promote the health and safety of all involved, participation by a Minor may be terminated at the discretion of Program staff if the Minor does not abide by the above expectations.

I have read, understand, and discussed the above expectations with my child.

Printed Name of Parent of Legal Guardian of Minor

Signature of Parent of Legal Guardian of Minor

Date



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**UNIVERSITY OF ARIZONA
CESL TEEN ENGLISH PROGRAM
OVERNIGHT CARE ACKNOWLEDGEMENT**

I am the parent or legal guardian of (child's name) _____ ("Minor"). I understand that my child has been enrolled in the overnight camp program in addition to their academic Teen English Program. I understand that my child will be supervised by Center for English as a Second Language overnight staff and will be escorted to and from the dormitory to the classroom location of their academic program.

Printed Name of Program Participant's Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date _____



THE UNIVERSITY OF ARIZONA
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Center for English
as a Second Language

**University of Arizona Interactions with Non-Enrolled Minors
Parental/Legal Guardian Disclosure of One-on-One Interaction with a Minor**

Program or activity name: Teen English Program

The above-named program or activity may involve one-on-one interactions with your child as follows:

Interactions with an instructor.

Please complete the following regarding your child's participation in this program or activity:

Child's name: _____

I understand that the above-named program or activity may involve one-on-one interactions with my child and, by signing below, I authorize my child to participate.

Printed name of program participant's parent or legal guardian

Signature of parent or legal guardian

Date



CONSENT TO TREAT MINOR PATIENT

Because Arizona law requires consent of parent/legal guardian for medical care of minors, if your son or daughter is enrolled at the University of Arizona prior to his/her eighteenth birthday and you want his/her healthcare provided by Campus Health Service, you must first complete and return the following consent to:

University of Arizona
Campus Health Service
P.O. Box 210095
Tucson, Arizona 85721-0095
Fax: 520-626-4301

Consent for Medical Treatment

I, _____ (print name here), am the parent/legal guardian of
_____ (print name of student), currently a minor, whose
date of birth is ____/____/____.

I authorize the University of Arizona Campus Health Service to provide medical and/or mental health care to my son/daughter, including, but not limited to, diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Campus Health Service at 520-621-7428.

Signature

Date

Emergency Phone: Home – (____) _____

Work – (____) _____

Cell - (____) _____



**Agreement to Abide by Academic and Behavioral Standards &
Protection of Minor Records**

Parent or guardian consent. Both the parent and the student should complete this page.

Name of Student _____ **Date of Birth** _____

I am the parent or guardian of the above mentioned student who is applying for the CESL Intensive English Program. I approve of this application and his/her participation in intensive English studies at the University of Arizona at the Center for English as a Second Language (CESL). I understand the student must be in good standing in CESL in order to participate.

Disqualification and dismissal from program: In order to provide a safe environment for all participants, University regulations and appropriate classroom behaviors will be strictly enforced. In addition, students must make academic progress and attend classes regularly. We understand that violators will be asked to leave the program according to departmental dismissal policy. For a complete copy of the dismissal policy, see the student handbook at: <http://www.cesl.arizona.edu/student-handbook>

Protection of Records I understand that I, the parent or guardian of the student above, am the only person, in addition to the student and approved UA staff, who may request information about my child's academic and/or behavioral records. If my child is enrolling in any program other than the Teen English Program (TEP) my child must sign a written authorization in order for the UA to release records to me per FERPA regulations. If my child is in a program other than the TEP and chooses to withdraw I understand that I will not be notified by CESL.

Parent's telephone _____ Parent's email _____

CESL will not provide information about my child to any other person unless I list a person below authorizing them to receive information about my child.

Optional: I authorize _____ to receive information from CESL regarding my child's academic or behavioral issues in addition to myself.

Telephone _____ Email _____

I acknowledge that I have read and understand the above statements.

Signature of Parent _____ Date _____

Signature of Student applicant

Signature of Witness (at least 21 years of age)

Translation: If the parent or guardian is unable to read English, the translator must be at least 21 years old and must sign this statement. I acknowledge that I have correctly and accurately translated this document for the parent/guardian and he/she fully understands it.

Signature: _____ Date: _____



ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

CESL Center for English as a Second Language (“Program”)

Name of Student Participant: _____ Date of Birth: _____

(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks. I accept full responsibility for any **injuries or illness** that I may sustain in the course of the Program activities or as the result of criminal acts of third-parties. I understand that the University of Arizona and its governing board, officers, employees, and agents (collectively the “University”) do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety.** I understand and agree that the University does not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the University nor the Facility is obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

3. **Standards of Conduct.** I will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other student participants. The University has the right to make changes in the format and administration of the Program.

