



CESL Registration Form

United States Citizenship and Immigration Services (USCIS) requires F and J visa holders to report their new local address within 10 days of any change. You must submit this form when you change your address so that we can change your local address in SEVIS.

Date _____

Print your family name _____ First name: _____ CESL id# _____
 Tucson phone number: _____ Email _____
 Your address in Tucson: _____ 857 ____
 This must be a street address

What is your visa type? F-1/F-2 J-1/J-2 R US citizen US Permanent Resident other

EMERGENCY

Name _____ Email _____ Telephone _____
 We will call 911 for immediate treatment and notify the emergency contact as soon as possible.

Please read and sign the following:

Release of Personal Information. Check one. You may change this designation AT ANY TIME by filling out a new form. Copies of this form are always in C101. FERPA laws in the United States allow you to protect personal information. However, unless you restrict the release of this information, CESL may disclose your name and address without your consent. You may **restrict the release** of this information below.

Yes. CESL can give my address and contact information to anyone - NO RESTRICTIONS

No. Do not give any address, phone, or email information. RESTRICT INFORMATION

Student Signature _____

Photographs. During the semester we take many photos and videos of students and activities. We post the photos to the web site. If you do not wish to have your image on the web, **please tell the photographer that you do not wish to be photographed.** CESL is not responsible for photos taken by other students.

Each time photos are posted to the web, we send a message to the CESL student list serve. We are happy to delete your photo immediately if you do not wish to have it on the web. Please email Megan: mgould@email.arizona.edu

I understand that it is my responsibility to check the web page when photos are posted.

Student Signature _____

Permission to use work: I give CESL (teachers and administrators) permission to publicly use my work in class, publications or on the web (circle yes or no) YES NO

To Be Completed by CESL

- | | | |
|--|--|--|
| <input type="checkbox"/> Payment | <input type="checkbox"/> Copies of dependents' documents | <input type="checkbox"/> Sponsored Student |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Medical Consent to Treat Minor | <input type="checkbox"/> Record Release Form |
| <input type="checkbox"/> Passport copy | <input type="checkbox"/> Behavioral Agreement For Minors | <input type="checkbox"/> CESL ID card |
| <input type="checkbox"/> Visa copy | <input type="checkbox"/> Insurance Waiver PR, US, J visa | <input type="checkbox"/> Continuing Student |
| <input type="checkbox"/> I-94 copy | | <input type="checkbox"/> SEVIS Registration |
| <input type="checkbox"/> I-20 copy | | |

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

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.

4. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the University from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement 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 agreement or to the Program.

X _____
Signature of Student Participant

Date

X _____
Signature of Parent/Guardian(if student is under age 18)

Date

This document contains confidential information and is not to be redistributed without permission from the student.