

Student Registration Form ASU Language Fair

Complete all fields of the questionnaire below. This information will be utilized to communicate with you regarding upcoming opportunities including educational resources, on-campus activities, and invitation only events at ASU.

Student: First Name: _____ Middle Name: _____ Last Name: _____	
Mailing Address: _____ City: _____ Zip Code: _____	
Phone Number: (____) _____ - _____ Email Address: _____	
Date of Birth (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Current Grade Level: _____	
Current School: _____ Career Interest: _____	

<p>Check the box next to your parent(s) who have a 4 year college degree.</p> <p><input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Father/Stepfather</p> <p><input type="checkbox"/> Neither</p> <p>What is your current 4 point scale Grade Point Average (GPA i.e. 3.5)? _____</p> <p>What classes are you taking in the following areas?</p> <p>Math _____</p> <p>AP/IB/Honors _____</p> <p>Foreign Language _____</p>	<p>Have you taken any of the following tests? If so, please list your score next to the test name.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, ACT score: _____</p> <p> <input type="checkbox"/> Yes, PSAT score: _____</p> <p> <input type="checkbox"/> Yes, SAT score: _____</p> <p>What are your plans after high school graduation?</p> <p><input type="checkbox"/> Get a full time job <input type="checkbox"/> Join the military</p> <p><input type="checkbox"/> Attend a vocational or tech school</p> <p><input type="checkbox"/> Attend a 3 year community college</p> <p><input type="checkbox"/> Attend a 4 year college or university</p>
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PARENT PERMISSION

RELEASE, INDEMNITY AND ASSUMPTION OF RISK:

As the parent or legal guardian of the Student listed above, I, _____ (print name), grant permission for my Student to participate in the activities related to ASU Educational Outreach. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including travel between activities, participation and observation. I also authorize ASU to film, videotape, photograph or otherwise record Student's participation in ASU Outreach activities and to reproduce and use the film, videotape, recordings and Student's name, likeness, voice and brief biographical material in connection with non-commercial promotional activities, materials, or websites related to ASU Outreach.

For myself and on behalf of Student, I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to Student, or damage to or loss of property while Student is participating in, observing, or traveling to or from the Activities. I agree not to sue ASU for any harm or damage associated with Student's participation or observation or other items covered in this release if the harm or damage is not due to the negligence or fault of ASU. I also agree to indemnify ASU for all damages or injuries that are the result of my or Student's negligence. I understand that ASU Outreach activities are voluntary and I agree to accept responsibility for Student's personal safety. I consent to the provision of emergency medical treatment for Student to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name & Phone Number: _____

MEDICAL INFORMATION: Does this student have any medical conditions we need to be made aware of: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide detail on the back of this page. If my child requires medical attention, and I am not available, please contact:	
Emergency Contact: _____	Phone: _____
Physician: _____	Phone: _____ Hospital: _____
Insurance Co. _____	Name of Insured: _____ Policy Number: _____