

## CCPDI — HIGH SCHOOL APPLICATION 2011

**!** APPLICATION DEADLINE – APPLICATION MUST ARRIVE BY APRIL 15, 2011  
There is a \$200 fee for late applications.

### • REGISTRATION INFORMATION

**!** *ALL INFORMATION IS CONFIDENTIAL AND USED FOR CCPDI SUMMER PROGRAMS ONLY.*  
ELIGIBILITY – STUDENTS ENTERING THE 9<sup>TH</sup> – 12<sup>TH</sup> GRADES IN FALL 2011

Student Name

Gender (please check)    Female     Male

Parent/Guardian Name (please list one)

School (name of school for Fall 2011)

Home Address (please list complete mailing address)

Parent/Guardian Email Address – Contact email for program updates

Student Email Address

Parent/Guardian Home Phone

Parent/Guardian Cell Phone

Student Cell Phone

•	<b>PROGRAM SELECTION &amp; FEE INFORMATION</b>
!	<b>PAYMENT DEADLINE – FULL PAYMENT IS DUE WITH THE APPLICATION. STUDENTS MAY NOT ATTEND WITHOUT MAKING FULL PAYMENT. ALL CHECKS ARE PAYABLE TO “CLAREMONT MCKENNA COLLEGE.”</b>
✓	<p>The <u>residential program fee</u> includes tuition, textbook and curricular materials, amenities and events, room and board, and recreational events. The <u>commuter program fee</u> includes tuition, textbook and curricular materials, amenities and events, lunch and dinner, and select optional recreational and academic evening events. Students attending the international format session may choose to audition for US international debate teams. The second international session includes an additional full international debate tournament.</p> <p>Please check the box or boxes next to your preferred programs. <u>Students may attend any or all sessions.</u> There is an advanced debate track in later sessions for students enrolled in the previous debate sessions.</p>
	<b>Student Name</b>
•	<b>HIGH SCHOOL DEBATE, CHSSA/HSPDP, JUNE 23-30</b>
<input type="checkbox"/>	Residential Student – \$1,100
<input type="checkbox"/>	Commuter Student – \$600
•	<b>HIGH SCHOOL DEBATE, USWSDC – INTERNATIONAL FORMAT, JULY 1-8</b>
<input type="checkbox"/>	Residential Student – \$1,100
<input type="checkbox"/>	Commuter Student – \$600
<input type="checkbox"/>	WSDC Audition – \$75
•	<b>HIGH SCHOOL DEBATE, CHSSA/HSPDP, JULY 24-31</b>
<input type="checkbox"/>	Residential Student – \$1,100
<input type="checkbox"/>	Commuter Student – \$600
•	<b>HIGH SCHOOL DEBATE, USWSDC – INTERNATIONAL FORMAT, AUGUST 1-11</b>
<input type="checkbox"/>	Residential Student – \$1,400
<input type="checkbox"/>	Commuter Student – \$750
<input type="checkbox"/>	WSDC Audition – \$75





• **MEDICAL AND HEALTH REGISTRATION**

**This should be filled out by participants who will be 18 years old by June 1.**

**AUTHORIZATION AND CONSENT TO TREATMENT**

I, the undersigned, \_\_\_\_\_, do hereby authorize representatives of Claremont McKenna College, Claremont Colleges Debate Union, and Claremont Colleges Parliamentary Debate Institute, to consent for the undersigned to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care, of the above-named minor, which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 *et. seq.*, or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 *et. seq.*

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care of the above-named minor, to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

I hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of said minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283

These authorizations shall remain in effect until written revocation is delivered to said agent(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CCPDI PARTICIPANT HEALTH AGREEMENT**

I am in good health and able to engage in all prescribed program activities, unless I otherwise notify the program director.

I understand and agree that I am required to have medical coverage to participate in the Claremont Colleges Parliamentary Debate Institute, and I verify that the health and insurance information provided on this form is accurate and true. I understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of any treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>• PROGRAM PARTICIPATION AGREEMENT</b>
<b>! EACH APPLYING PARTICIPANT AND PARENT(S)/GUARDIAN(S) FOR A PARTICIPANT UNDER 18 YEARS MUST READ AND SIGN THIS FORM</b>
<b>Student Name</b>
<p>The Claremont Colleges Parliamentary Debate Institute (CCPDI) is an academic program of Claremont McKenna College. Effective program operation requires a safe and healthy learning environment. To accomplish this goal, cooperation among staff members and participants is necessary. If any participant is not willing or able to follow institutional guidelines, she/he will be required to immediately leave the CCPDI at her/his own expense and without a program refund.</p> <p>All participants are required to follow the policies and guidelines of the CCPDI, Claremont McKenna College, and the Claremont Colleges. Participants will obey federal, state, and local laws, as well as CCPDI, campus conference office guidelines, and college policies. Participants will follow facility and program guidelines included in registration and welcome materials, distributed in email or other announcements, or posted in campus facilities. Participants must respect private and college property. Participants must not tamper with safety and security devices and alarms (fire extinguishers, fire alarms, propping open unsecured doors, etc.) The dormitory and classrooms are private facilities. These facilities are exclusively reserved for CCPDI staff and students. CCPDI administrators must be notified of guest visits. Participants will be held individually and collectively responsible for damages. Participants shall refrain from any acts of discrimination, including but not limited to discrimination on the basis of actual or perceived ethnic group identification, race, ancestry, national origin, religion, age, sex (gender), color, physical or mental disability, sexual orientation, marital status, or parental status. Participants shall refrain from any acts of physical or emotional harassment, including but limited to acts of bullying or teasing. There is a zero-tolerance policy regarding participant agreement violations; any offense will warrant immediate dismissal from the CCPDI. Any student in violation of the participation contract will be sent home at parent/guardian expense. Photographs of video recordings of institute staff and participants may appear in newspapers, magazines, and other publications such as college newsletter, website, local cable television, and/or broadcast television.</p> <p>As a participant of 18 years of age, or as a parent/guardian of a minor attending the Claremont Colleges Parliamentary Debate Institute, (I)(We) agree to this participant agreement as outlined above, assume the risk of traveling to and from the institute site and to events during the program, and give my permission, or for a participating minor, give permission for the undersigned minor, to be photographed or videotaped, without personal identification, for publication or broadcast for program publicity or educational materials.</p>
<hr/> Printed Name of Participant
<hr/> Signature of Participant <span style="float: right;">Date</span>
<hr/> Signature of Parent/Guardian of Participating Minor <span style="float: right;">Date</span>
<hr/> Signature of Parent/Guardian of Participating Minor <span style="float: right;">Date</span>

• **ASSUMPTION OF RISK FORM**

**! EACH APPLYING PARTICIPANT AND PARENT(S)/GUARDIAN(S) FOR A PARTICIPANT UNDER 18 YEARS MUST READ AND SIGN THIS FORM**

**ASSUMPTION OF RISK, GENERAL RELEASE, and INDEMNITY AGREEMENT**

THIS CONTRACT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING IT. BEFORE SIGNING, YOU MAY, AT YOUR OWN EXPENSE, REVIEW THE TERMS OF THIS CONTRACT WITH AN ATTORNEY OF YOUR CHOOSING.

In this contract, the term “College” means Claremont McKenna College, a California non-profit corporation located in Claremont, California, along with its trustees, officers, agents, staff, employees, successors, assigns, and legal representatives.

As a participant of 18 years of age, or as a parent/guardian of a minor, (I)(WE) wish to participate in the CLAREMONT COLLEGES PARLIAMENTARY DEBATE INSTITUTE.

\_\_\_\_\_  
Name of Participant

ASSUMPTION OF RISK

(I)(We) acknowledge that (I)(We) have voluntarily chosen to participate in the above-referenced program. (I)(We) understand that the program will be conducted at CLAREMONT McKENNA COLLEGE and other facilities of the CLAREMONT COLLEGES. (I)(We) also understand and agree that the College has not made, does not make, and cannot make any representations whatsoever regarding the suitability of the program for my participation, or regarding my personal safety or that of my property, while (I)(We) am participating in the program. (I)(We) understand and acknowledge my duty to educate myself regarding the risks that this program presents.

As consideration for the benefits (I)(We) am/are to receive from participating in the above-referenced program and in consideration for taking part in that program, (I)(WE) ACKNOWLEDGE AND AGREE THAT (I)(WE) ASSUME ALL RISKS ASSOCIATED WITH THE PROGRAM. (I)(WE) AM/ARE VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE RISKS INVOLVED AND (I)(WE) HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, DEATH, AND/OR PROPERTY DAMAGE WHETHER FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN. (I)(We) understand that the risks may include but are not limited to (1) travel to, from and around the location of the program, including but not limited to traveling by automobile or other motor vehicles while abroad; (2) participation in any form of athletic or recreational activities; (3) the use of alcohol or any form of illegal drugs or controlled substances; (4) war, insurrection, rebellion and riot; (5) unfamiliarity with local laws, culture or custom; (6) exposure to sickness, disease an allergic reaction; (7) unavailability or sporadic availability of adequate medical assistance and health care facilities; (8) difficulty in passing through customs; (9) terrorism and terrorist acts.

FULL AND GENERAL RELEASE – AGREEMENT NOT TO SUE

As consideration for being permitted by the College to participate in the above-referenced program,

\_\_\_\_\_  
initial(s)

\_\_\_\_\_  
initial(s)

(I)(WE) RELEASE THE COLLEGE FROM ANY AND ALL CLAIMS related to any loss, injury or damage that may be sustained by me, including loss of life, personal injury or property damage, WHETHER CAUSED BY THE NEGLIGENCE OF THE COLLEGE OR OTHERWISE, or by my negligence in combination with that of the College while (I)(We) am participating in the program.

initial(s)

(I)(WE) AGREE THAT NEITHER (I)(WE) NOR MY LEGAL REPRESENTATIVES, including my family, spouse, heirs, assigns and personal representative, WILL SUE, MAKE A CLAIM AGAINST, OR ATTACH THE PROPERTY OF THE COLLEGE FOR ANY INJURY OR DAMAGE TO MY PERSON OR PROPERTY ARISING OUT OF THE NEGLIGENCE OF THE COLLEGE OR OTHERWISE, or arising out of my negligence in combination with that of the College while (I)(We) am participating in the above-referenced program.

Notwithstanding the foregoing release, nothing in this contract shall be interpreted to release the College from liability for any acts or omissions by the College, which constitute gross negligence, willful and intentional wrongdoing, or criminal conduct.

(I)(We) understand and agree that, except as excluded in the preceding paragraph, this release extends to all claims and demands referred to in this contract, of every kind and nature whatsoever, whether known or unknown, suspected or unsuspected, and that (I)(We) expressly waive all rights under Section 1542 of the Civil Code of California.

Section 1542 of the Civil Code provides as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

#### INDEMNITY

initial(s)

(I)(We) will reimburse the College for any costs it incurs because of my participation in the above-referenced program. (I)(WE) AGREE TO INDEMNIFY AND HOLD THE COLLEGE HARMLESS for any injuries, losses, damages, liabilities, claims, causes of action, penalties, judgments, costs and expenses (including reasonable attorneys' fees) which arise AS A RESULT OF THE NEGLIGENCE OF MYSELF OR THE COLLEGE OR OTHERWISE, or which arise out of my negligence in combination with that of the College while (I)(We) am/are participating in the above-referenced program.

#### ADDITIONAL PROVISIONS

(I)(We) understand and agree that the College does not stand *in loco parentis* (in place of my parent or parents) for purposes of the above-referenced program. If the participant is under the age of eighteen (18) years at the time of this release, (I)(We) understand and agree that a parent(s) or legal guardian(s) must execute this release.

Should any portion or clause of this release be found or declared by a court of competent jurisdiction to be unenforceable, unconstitutional, or otherwise invalid, such finding shall not affect the enforceability or validity of the remainder, and the unenforceable portion shall be severed from this document without affecting the validity of the remainder.

This release shall be governed and controlled by the laws of the State of California, and jurisdiction as to all matters under this release shall be held solely in the Pomona Municipal Court or the Superior Court of Los Angeles County or the United States District Court in said county.

(I)(WE) HAVE CAREFULLY READ THIS *ASSUMPTION OF RISK, GENERAL RELEASE, AND*

*INDEMNITY AGREEMENT.* (I)(WE) UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY WHEREBY (I)(WE) GIVE UP MY/OUR RIGHT TO SUE THE COLLEGE (EXCEPT FOR ACTS OF GROSS NEGLIGENCE, WILLFUL WRONGDOING, OR CRIMINAL ACTS), INCLUDING MY/OUR RIGHT TO SUE THE COLLEGE ON A NO-FAULT BASIS. (I)(WE) FURTHER AGREE TO INDEMNIFY (REIMBURSE) THE COLLEGE FOR DAMAGES CAUSED BY MY/OUR NEGLIGENCE OR THE NEGLIGENCE OF THE COLLEGE IF THOSE DAMAGES ARE RELATED TO MY/OUR PARTICIPATION IN THE ABOVE-REFERENCED PROGRAM. IT IS MY/OUR INTENT TO ASSUME ALL RISKS AND TO WAIVE AND GIVE UP MY RIGHTS TO SUE. (I)(WE) DO SO KNOWINGLY AND VOLUNTARILY.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

PRINTED PARTICIPANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**If a participant is a minor, parent(s)/guardian(s) must sign below.**

\_\_\_\_\_  
PRINTED NAME OF MINOR PARTICIPANT

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

DATED: \_\_\_\_\_

PRINTED PARENT OR GUARDIAN NAME: \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

DATED: \_\_\_\_\_

PRINTED PARENT OR GUARDIAN NAME: \_\_\_\_\_

• **DEBATE & FORENSICS TRAINING – [Prior Training Not Required for Participation]**

**Name of Student**

**Name of Student’s School** (school as of Fall 2011)

The CCPDI welcomes new participants to parliamentary debating. If you have no previous debate, public speaking, or forensics training, please indicate that here by checking “Yes” or “No.”

**New to debate?** Yes  No

If you have previous experience, please list information regarding your speech and/or debate history.

Use a separate sheet if necessary. This information should include number of years in competition, list of all debate formats (HSPDP, other parliamentary, public forum, LD, etc.), particular information regarding tournaments, division, and results (including individual and team awards). You may list any other speech and/or debate event (Mock Trial, Model United Nations, etc.) that will help in assessing your experience and skills.

*For example:*

Year	Event	Tournament	Record	Awards
09	HSPDP	Claremont HS	2-2	
09	HSPDP	Salem HS	3-1	4 <sup>th</sup> team, 15 <sup>th</sup> speaker
10	Lions Club Speech	Pomona Lions		3 <sup>rd</sup> place

**List experience here:**

•	<b>RESIDENTIAL STUDENTS – CAMPUS HOUSING INFORMATION</b>
	<b>Name of Student</b>
	<b>Student’s School</b>
	<p><b>Roommate Preference</b></p> <p>Dormitory rooms are both single and double occupancy. The overwhelming majority of students will be in a shared room. You may choose a specific roommate. It may be necessary, due to dormitory space, to place you in a single room. If that happens, you and your preferred roommate will have side-by-side single rooms.</p> <p>If you do not have a roommate preference, please leave the area below blank.</p> <p><b>Preference – Important!</b>  <b>You may request only one person as a roommate.</b></p> <p>That person will be assigned as a roommate only if she/he meets the required application deadlines.</p> <p>That person will only be assigned as a roommate if you and the other person have agreed to be each other’s roommate and your names are listed as requested roommates on your respective application forms.</p> <p><b>Print the name of your roommate choice here:</b></p>

# REMINDER! Program Application Deadlines, Payment Information, and Mailing Address

- Send completed applications forms to arrive by APRIL 15, 2011. Payment must accompany the application form.
- Students are accepted on a rolling basis until summer programs are full. Students may not attend the institute, participate in instructional programming, or register for dormitory housing until full payment is made. Students receive an email notification of admission one week after the arrival of a completed application.
- All checks are payable to "Claremont McKenna College." Do not staple forms together or staple a check to the application. Please attach forms/check by paperclip.
- Please mail the application forms and payment to:

John Meany  
Director of Forensics  
Claremont McKenna College  
500 East Ninth Street  
Claremont, CA 91711

- If you have questions, please contact John Meany at [john.meany@cmc.edu](mailto:john.meany@cmc.edu).