

Registration Form

Tech Knowledge College 2010

Please complete all information and write clearly and legibly. Registration begins on April 1, 2010.



Participant Information

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

E-Mail Address _____

School Attending Fall 2010 _____ Grade Level Fall 2010 _____

Optional: Racial Heritage/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 4. Hispanic |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 5. White |
| <input type="checkbox"/> 3. Black | <input type="checkbox"/> 6. Native Hawaiian or other Pacific Islander |

Transportation

- Riding bus from MPTC West Bend Riding bus from MPTC Beaver Dam Providing own transportation
- Riding bus from Berlin High School (space limited, first-come, first-served)
- Riding bus from Ripon High School (space limited, first-come, first-served)

Activity Selections

You will be registering for two activities; please list your top eight choices in priority order.

(Check www.morainepark.edu/tkc for activities with openings.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Moraine Park Technical College reserves the right to cancel activities. You will receive a confirmation of your two activities. You will be notified by July 5 of cancellations. You may submit a written request of cancellation of enrollment and receive a full refund prior to July 1, 2010; a \$50 refund prior to July 15; and after July 15, no refund will be given.

*Registration and Fees (includes lunches, supplies, bus transportation and TKC t-shirt)

TKC fee is \$85 before June 1 _____ \$90 after June 1 _____

Total Registration Amount Due _____

*Registrations may not be transferred to another child. A fully completed Registration Form and Liability and Publicity Release form along with payment must be received in order to reserve a seat.

TKC T-Shirt (Please check appropriate size) M (10-12) _____ L (14-16) _____

Adult: S _____ M _____ L _____ XL _____

••••• **REGISTRATION DEADLINE IS JULY 1, 2010** •••••

Payment Options:

- Check enclosed (Make checks payable to Moraine Park Technical College.)
- Please charge my credit card - authorized signature (as it appears on credit card):

Account Number _____ Expiration Date _____

Credit Card Type Visa MasterCard

Liability and Publicity Release

Tech Knowledge College 2010

Important Notice to Parents: This Form Must Be Completed Fully Before Student Registration Can Be Confirmed.

I certify that I am the child's legal guardian, and I give him/her permission to participate in all scheduled activities and **field trips**, as indicated in the descriptions, at Tech Knowledge College 2010. I understand that there is some risk of injury to my child because the program includes interactive projects, hands-on career awareness workshops, demonstrations and community tours with transportation provided through Moraine Park Technical College.

I agree that Moraine Park Technical College is not responsible for my child before the first session (8:45 a.m. or 7:30 a.m. for bus riders) or after the second session (2:30 p.m.). I am responsible for coordinating a time and place to pick up my child.

I also agree that Moraine Park Technical College is not responsible for lost or stolen items.

Moraine Park has my consent to take photos of my child in the various activities that my child may be participating in and to use his/her name in newspapers and advertising for Tech Knowledge College.

I also agree to hold Moraine Park Technical College, all staff participants, all facility host sites, and sponsors harmless for all personal injury, which might result from participation in any part of this program. This release applies to my child and me and our respective personal representatives, heirs and assigns.

By signing this contract, I give my permission to Moraine Park Technical College to proceed with emergency medical care and to sign necessary medical release forms. This permission is given with the understanding that the attending physician deems emergency medical attention is necessary. Moraine Park will make every effort to reach the guardian prior to assuming the responsibility for signing a release for emergency medical treatment. I further acknowledge that primary health insurance for the student will be under my coverage and is my responsibility. This authorization will be used only in the event that the guardian cannot be reached.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature _____

Date _____

Emergency Phone Numbers:

Home _____ Work _____ Cellular _____

Insurance Carrier _____

Member ID # _____

For more information, call Moraine Park Technical College at 920-924-3347.

Send form and
payment to: **Katie VandeSlunt**
College Outreach Specialist
Moraine Park Technical College
235 North National Avenue
Fond du Lac, WI 54935-2884
Phone: 920-924-3347
Fax: 920-924-3421



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