

Registration Form

Tech Knowledge College 2015



Please complete all information and write clearly and legibly. Registration begins on May 1, 2015.

Participant Information

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

E-Mail Address _____

School Attending Fall 2015 _____ Grade Level Fall 2015 _____

Gender Male Female Do not wish to report

Optional: Racial Heritage/Ethnicity:

- 1. American Indian or Alaskan Native
- 2. Asian
- 3. Black
- 4. Hispanic
- 5. White
- 6. Native Hawaiian or other Pacific Islander

Please Select Transportation Option:

- Providing own transportation
- Riding bus from MPTC Beaver Dam Campus
- Riding bus from MPTC West Bend Campus

Activity Selections

You will be registering for two activities; please list your top eight choices in priority order.
(Check 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 7 of cancellations. You may submit a written request of cancellation of enrollment and receive a full refund prior to June 15, 2015; a 50% refund prior to July 1; and after July 1, no refund will be given.

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

TKC fee is \$115.

*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) Adult: XS _____ S _____ M _____ L _____ XL _____

••••• **REGISTRATION DEADLINE IS JULY 1, 2015** •••••

Payment Options:

- Check enclosed (Make checks payable to Moraine Park Technical College.)
- Please charge my credit card. Before processing ANY credit card transaction, ALL of the following information is required:

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

Billing Address (street address and zip) _____

Credit Card Type Visa MasterCard CVW Code _____ (3-4 digit number on back of card)

Liability and Publicity Release

Tech Knowledge College 2015

Important Notice to Parents: THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY BEFORE REGISTRATION CAN BE PROCESSED.

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 2015. 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 (9:00 a.m. or 7:45 a.m. for bus riders) or after the second session (2:45 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.

By signing this form, I grant Moraine Park Technical College my permission to use any and all quotations, photograph(s), videos and/or other electronic images for promotion, education and/or other purposes. I also waive any claim for financial compensation.

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.

An environment free of allergens, including but not limited to food allergens, CANNOT be guaranteed at Moraine Park Technical College. Reasonable attempts have been made and will be made to serve food not containing allergens as an ingredient, but you should be aware that Moraine Park Technical College prepares meals in a facility that uses nuts, soy, wheat, and other known allergens. Moraine Park Technical College CANNOT guarantee that any particular food product prepared, sold, bought on its campus or brought onto campus by a student or a visitor is free of all traces of any particular allergen. Nor can it guarantee that consumption of a food product prepared, sold, bought on its campus or brought onto its campus by a student or visitor will not result in some form of allergic reaction, or that students, guests or visitors will not come into contact with any allergens while at Moraine Park Technical College.

Recognizing those risks, the Undersigned voluntarily chooses to participate in and expressly assumes all risk of the activity taking place on the Moraine Park Technical College campus.

In consideration of allowing the Undersigned to participate in the activity at the Moraine park Technical College campus, the Undersigned further hereby agrees NOT TO SUE, TO HOLD HARMLESS AND TO RELEASE MORAINE PARK TECHNICAL COLLEGE AND ITS INSURANCE CARRIERS, AGENTS, EMPLOYEES, GUIDES, REPRESENTATIVES, OWNERS, AND LESSORS FROM ANY AND ALL LIABILITY AND CLAIMS FOR INJURY OR DEATH TO PERSONS OR DAMAGE TO PROPERTY ARISING FROM THE UNDERSIGNED'S PARTICIPATION IN THE ACTIVITY TAKING PLACE ON THE MORAINE PARK TECHNICAL COLLEGE CAMPUS, INCLUDING THOSE INJURIES, DEATH AND/OR DAMAGES CAUSED BY MORAINE PARK TECHNICAL COLLEGE OR ANY OTHER RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY.

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 920-924-3201.



**Send form and Amy Meyer, Recruitment Specialist
payment to: Moraine Park Technical College**

**235 North National Avenue
Fond du Lac, WI 54935-2884
Phone: 920-924-3201
Fax: 920-907-6369**

