

Registration Form

Community Impact Manufacturing Project

January 4, 9, 11, 16, 18— 5:30 p.m. - 8:30 p.m.

Moraine Park Technical College - Fond du Lac Campus

235 North National Avenue, Room C005

Please complete all information and write clearly and legibly.

Participant Information

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

E-Mail Address _____

Registration and Fees

Community Impact costs \$30 to be paid in check or cash only. Registration fee will be refunded to participants who attend all 5 nights of the program.

Scholarships are available for financial hardships. Please contact Renae Fischer at 920-929-2477 for more information.

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

Payment:

- Check enclosed (Make checks payable to Moraine Park Technical College.)
- Cash Enclosed (Moraine Park is not responsible for lost/stolen registrations). If paying in cash, it is best to pay on campus at any of Moraine Park's 3 locations in a sealed envelope care of: Renae Fischer, Fond du Lac.

Liability and Publicity Release

Community Impact

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

I certify that I give permission to participate in all scheduled activities, as indicated in the descriptions, at Community Impact Manufacturing Project. I understand that there is some risk of injury because the program includes interactive projects, hands-on career awareness workshops and demonstrations provided through Moraine Park Technical College.

I 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 me and my 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 my emergency contact prior to assuming the responsibility for signing a release for emergency medical treatment. I further acknowledge that primary health insurance will be under my coverage and is my responsibility. This authorization will be used only in the event that I am not able to consent to treatment.

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

Signature _____

Date _____

Emergency Contact Phone

Name _____ Home _____ Cellular _____
Numbers:

Insurance Carrier _____

Member ID # _____

For more information, call Moraine Park Technical College at 920-929-2477.

**Send form and
payment to:** Moraine Park Technical College
Rena Fischer
235 North National Ave
Fond du Lac, WI 54936

