



# Blackhawk Technical College

## TRACTOR SAFETY TRAINING

Spring 2023

**DEADLINE  
TO REGISTER:  
MARCH 24**

April 3-6	Zoom 7-8pm
April 11	Live Demonstration 7-9pm (at Monroe Campus)
April 10, 12-13; 17-20; 24-27	Zoom 7-8pm
May 2	In-Person Written Exam 7pm (at Monroe Campus)
May 4, 8	Practice Drives 4-7pm (at Monroe Campus)
May 16	Final Drive Test 4-8pm (at Monroe Campus)

### Purpose of the course:

- To instruct youth between the ages of 12-16 on safe use of farm equipment.
- To provide youth a 24-hour course to comply with Wisconsin Act 455
- Act 455 states that "No person may direct or permit a child under age 16 years to operate a farm tractor/self-propelled implement of husbandry on the highway unless the child has been certified as successfully completing a tractor and machinery operation safety course."
- To provide for youth to comply with the Federal Child Labor Regulations.

### Registration:

Register in person at the BTC Monroe campus and complete the necessary registration paperwork and safety waiver. Payment expected at time of registration.

Monroe Campus • 210 4th Avenue, Monroe, WI 53566

### Course Delivery:

This course will be delivered virtually via zoom technology (please be sure you have sufficient internet bandwidth) with online required assignments. In addition, the class will also have face-to-face sessions for driver preparation, training and testing. Attendance is required for WI Certification.

Students must pass both a written and driving exam to successfully complete this program.

Cost: \$105

The cost is \$140 but thanks to a generous donation from Lake Ridge Bank, participants only pay \$105.



### For more information about the class, contact:

Dustin Williams | dwilliams61@blackhawk.edu | (608) 329-8210

### To register for the class, contact:

Tracey Wren at the Monroe Campus | (608) 329-8206

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.



Lake Ridge Bank™



# Non-Credit Registration Form

## Workforce & Community Development

PLEASE PRINT

### PERSONAL INFORMATION

BTC Student ID Number	Last Name	First Name	Middle	Previous Name
Street Address		City	State	Zip Code

County of Residence	Circle one: City / Village / Township of	E-Mail		
Company	Home Phone	Cell Phone	Work Phone	
Date of Birth (MM/DD/YYYY)	Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific		Asian Origin (check all that apply) <input type="checkbox"/> Vietnam <input type="checkbox"/> Cambodia <input type="checkbox"/> Laos <input type="checkbox"/> Other _____	
Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No			

### HIGH SCHOOL INFORMATION

School District where you attend	Name of High School	City and State of High School
Highest Grade Completed (K-12)	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED	Years of Attendance Start: _____ End: _____
Highest Credential Completed at Enrollment:	<input type="checkbox"/> No prior college <input type="checkbox"/> Some college (post-secondary credit) <input type="checkbox"/> Short-term diploma	<input type="checkbox"/> One-year diploma <input type="checkbox"/> Two-year diploma <input type="checkbox"/> Associate degree <input type="checkbox"/> Associate degree plus additional credential <input type="checkbox"/> Bachelor degree <input type="checkbox"/> More than baccalaureate

CRN	COURSE NUMBER	COURSE TITLE

### TRAFFIC-RELATED REGISTRATION

Motorcycle and Traffic Safety \_\_\_\_\_ Driver's License Number \_\_\_\_\_

### YOUTH CAMP REGISTRATION

Please ensure this section is completed if registering your student for a youth camp.

1<sup>st</sup> Choice Camp \_\_\_\_\_ Camp Name \_\_\_\_\_ Camp Dates \_\_\_\_\_  
 2<sup>nd</sup> Choice Camp (if 1<sup>st</sup> choice is full) \_\_\_\_\_ Camp Name \_\_\_\_\_ Camp Dates \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information on this form is true and complete to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# College-Sponsored Program for Minor Children Release Form

## STUDENT INFORMATION

<b>Child's Full Name</b>		<b>Birthdate (MM/DD/YYYY)</b>	
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Caregiver/Parent/Guardian Name</b>		<b>Phone Number</b>	
<b>Does the child have any allergies to food or medication?</b> <input type="checkbox"/> Yes, please list: <input type="checkbox"/> No			

## EMERGENCY CONTACTS

Please list two people to be contacted in case of an emergency. We will make every effort to contact the primary caregiver first, then your emergency contacts.

### Emergency Contact 1:

<b>Contact Name</b>		<b>Relationship to Child</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	

### Emergency Contact 2:

<b>Contact Name</b>		<b>Relationship to Child</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	



## PERMISSION (FOR RELEASE OF AUDIO AND VISUAL MATERIALS)

I give full permission for Blackhawk Technical College to use any photographs, films, and/or sound recordings in which my child appears for the purposes of use on the internet, publication, viewing, display or sound without compensation. I agree all such material shall remain property of Blackhawk Technical College. I also understand that the material will be used in good taste and without discrimination.

Yes  No

## AUTHORIZATION TO PICK-UP

**Permission to Release:** My child may be released to the following adults only. Photo ID is required.

Name	Relationship	Home Phone	Work Phone	Cell Phone

## SIGNATURE OF PARENT/GUARDIAN

As a parent or guardian, I understand that Blackhawk Technical College employees will do everything possible to prevent accidents over which they have control. However, I fully understand that participation in the program activities, including field trips, may involve some inherent risks to students regardless of all feasible safety measures that may be taken by Blackhawk Technical College. As a voluntary participant in the program, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of a law by an employee or agent of Blackhawk Technical College. I further authorize Blackhawk Technical College employees to obtain emergency care for my child when it is deemed reasonably necessary for my child's health or safety. I understand that Blackhawk Technical College does not provide medical insurance nor assume any liability for injuries incurred traveling to, from and during the activity. By execution of this agreement, the participant assumes full risk and responsibility for any injuries or damages which may occur to the participant.

Parent/Guardian Signature	Printed Name	Date