



# Workforce & Community Development

## REGISTRATION FORM

210 4<sup>th</sup> AVE  
MONROE WI 53566

PHONE: 608 -328-1660  
FAX: 608 329-8215

PLEASE PRINT

(Copy as needed)

		LAST NAME	FIRST NAME	MIDDLE
STREET ADDRESS		CITY OR TOWN		STATE
ZIP CODE				
COUNTY OF RESIDENCE	<input type="checkbox"/> CITY of <input type="checkbox"/> VILLAGE of <input type="checkbox"/> TOWNSHIP of	HOME PHONE ( )	EMPLOYER	
DATE OF BIRTH		SEX	ETHNIC GROUP (check one)	
Month	Day	Year	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian
<input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> GED <input type="checkbox"/> HSED		NAME OF HIGH SCHOOL	CITY AND STATE OF HIGH SCHOOL	
YEAR				
19 ____ 20 ____				
HIGHEST GRADE COMPLETED AT ENROLLMENT				
(Circle One) Below 6 6 7 8 9 10 11 12 13 14 15 16 17 Over 17				
I certify that the information on this form is true and complete to the best of my knowledge.				
Signature: _____			Date: _____	
Email: _____				

**The cost is \$156.00 but thanks to the generous donation from The Bank of New Glarus, participants only: pay: \$106.00**

Register today by filling out the BTC Registration form & either FAX to 608-329-8215 or scan and email to Tracey Wren, twren@blackhawk.edu

**Tractor Safety CRN: 67069 COST: \$106.00**

Course Delivery: This course will be delivered virtually via zoom technology (please be sure you have sufficient bandwidth) with on-line 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

**Registration and Safety Waiver required at time of registration**

**Meeting times: Zoom Online 7-8pm: April 14-17, April 21, April 23-24 April 28-May 1, May 5-8**

**Live Demonstration: 6:30-9pm Face to Face at BTC Monroe Campus: April 22**

**Written Exam: 6:30pm Face to Face at BTC Monroe Campus May 13**

**Practice Drives: 4-7pm Face to Face BTC Monroe Campus Parking Lot: May 20 & 22**

**Final Drive: Face to Face 4-8pm BTC Monroe Campus May 29**

**\*\*Face to Face dates are required no make-up dates allowed\*\***

**You must be present to be certified**

### For credit card payment:

Please circle: MasterCard VISA Discover Card

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ (MMDD)

Include 3 Digit Code in Signature Block \_\_\_\_\_

Signature \_\_\_\_\_



# 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