

2019 Welding Camps (Please check desired camp)

_____ July 8 – July 12, 2019 FUN with Torches – Welding FUNdamentals

_____ July 15 – July 19, 2019 FUN with Torches – Welding FUNdamentals

_____ July 29 – August 2, 2019 Advance Welding Camp (need to attend FUN with Torches camp to attend Advance Camp)



Summer Camp Application – **DEADLINE: May 1, 2019**

Camp Cost: \$59.00 – Some need based scholarships will be available.

Summer Camp Enrollment Guidelines

Madison College is looking for students from multiple schools within the eastern region. Female applicants strongly encouraged to apply.

Only complete application packets are considered. A complete application packet for each attending student includes:

- Completed Summer Camp Application
- Completed Screening Questionnaire
- Completed Health/Medical Record Release Form
- Completed Photo Release Form
- Completed Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

Cancellation policy: If you must cancel, notice must be received 3 days prior to camp start. “No shows” will not receive a refund and will not be considered for future camps.

Student Information

Student's Name: _____ Phone: _____

Home Address: _____

DOB: _____ Current Age: _____ Grade in Fall: _____

School Attending: _____

Student Email: _____ Gender: __Male __Female

Do you qualify for reduced/free lunch? ____Yes ____ No (Need based Scholarships may be available)

T-Shirt Size: Adult Small____ Medium____ Large____ XL____ XXL ____

Emergency Contact Information

Parent/Guardian #1

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

I hereby give permission for my child to participate in Summer Camps @ Madison College. I assure that my child will have reliable transportation to and from camp for all 5 days.

Parent/Guardian Signature: _____ Date: _____

Please either mail, email or fax the completed application and screening questions, health form, photo release form, Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form to: Madison College Portage Campus, 330 W. Collins St, Portage, WI 53901 **or** email to portageoffice@madisoncollege.edu **or** fax (608) 742-3386.

Camp Screening Questionnaire:



1. Please tell us why you would like to attend this camp.

2. Please tell us what you know about Welding/Manufacturing.

Health/Medical Record Release

Personal Information

Student's Name: _____

DOB: _____ Student's Gender: Male Female

Student's Home Address: _____

Parent/Guardian #1

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Parent/Guardian #2

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Student's Health & Coverage

Primary Care Physician's Name: _____

Health Insurance Carrier: _____

Plan Number: _____

In Case of Emergency, please notify: _____

If neither parent/guardian is able to be contacted, please contact: _____

Daytime Phone: _____ Evening Phone: _____

Please indicate if the student suffers from any of the following allergies, diseases or conditions:

- | | | | | | |
|---------------------------------------|--|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Behavioral Issues/Plans | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Gluten |
| <input type="checkbox"/> Other: _____ | | | | | |

Other Drugs: _____

Does student have any chronic or recurring illnesses? No Yes - If yes, please describe: _____

Is there anything else in student's health history we should know? No Yes - If yes, please describe: _____

Are there any activities from which the student should be *restricted*? No Yes - If yes, which activities: _____

Are there any specific activities that should be *encouraged*? No Yes - If yes, which activities: _____

Does student wear any medical appliances (glasses, orthodontic, etc.)? No Yes - If yes, please list: _____

Will the student be taking any medications while at MCC? No Yes - If yes, please list: _____

IF MEDICATION IS REQUIRED, IT MUST COME TO MADISON COLLEGE IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE/INSTRUCTIONS CLEARLY PRINTED ON THE LABEL. A DOCTOR'S NOTE AND PARENT'S NOTE MUST ALSO BE SENT TO MADISON COLLEGE.

CONSENT FOR MEDICAL TREATMENT IN CASE OF EMERGENCY

I do hereby authorize that all of the information contained herein is correct and that my child is fully able to participate in all Madison College Summer Camp activities without the need of individual or specialized attention or medical regimen. I agree to notify Madison College of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of Madison College accredited teaching and administrative staff, emergency room physicians or any other clinical physicians with the understanding that I (or my authorized representative) will be notified as soon as possible.

Print Name: _____ Relationship to Student: _____

Signature: _____ Date: _____ Phone: _____

Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION

Program/Camp

Name: _____

Date(s): _____

Time(s): _____ Location: _____

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone
Number: _____ Date of Birth: _____ Gender: M ____ F ____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

Initials _____

I, on behalf of my Child, hereby release Madison Area Technical College, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "Madison Area Technical College") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

Initials _____

I, on behalf of my Child, furthermore release, indemnify and hold harmless Madison Area Technical College from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that Madison Area Technical College accepts no responsibility for my Child's personal property.

Initials _____

This RELEASE shall not apply to any intentional or reckless conduct by Madison Area Technical College.

Initials _____

This RELEASE shall be governed by and construed under the laws of Wisconsin. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Madison Area Wisconsin.

Initials _____

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19



The Foundation of the Fabricators & Manufacturers Association, Intl.



PHOTO RELEASE FOR SUMMER MANUFACTURING CAMP PARTICIPANTS

I hereby authorize Nuts, Bolts & Thingamajigs (NBT), its affiliates, successors and assigns (collectively the "Company"), the right to take, utilize and/or publish (i) photographic, digital or video images of myself and/or the minor child or children listed below, (ii) our names and likenesses, (iii) artwork produced by my child during the camp, and (iv) comments submitted as a result of my child's camp experience (collectively the "Images and Statements") for use in the Company's print, online and video-based marketing materials, as well as the other Company publications listed below.

I hereby release, discharge, and agree to hold harmless the Company, its directors, officers, employees, and agents from any liability, whether intentional or otherwise, that may occur or be produced in the development of any media created and used by the Company, as well as the publication of such media, including without limitation any claims for libel or violation of any right of publicity or privacy or copyright infringement claims. I hereby waive any right that I may have to inspect or approve any finished copy, photograph, or other media that may be developed and used by the Company. I further waive any right to royalties or other compensation arising or related to the use of the Images and Statements. I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the Company to use the Images and Statements.

Authorized Publications: Any of the magazines published by the Fabricators & Manufacturers Association (FMA) and its publishing company, FMA Communications, as well as the websites of those organizations and the Nuts, Bolts & Thingamajigs foundation. In addition, the quarterly newsletters of NBT and the social media channels maintained and managed by the aforementioned organizations.

Camp Location (School) _____ Date _____

Attendee Name(s) _____

Parent/Guardian Signature _____

Print Parent/Guardian Name _____

Camp staff: Make copies of this page and distribute on or before the first day of camp. Please collect a signed release form for each camp participant then scan and FAX to Daunel Czarniecki at (815) 227-8222 or UPLOAD to www.nbtfoundation.org/uploadcamps.



The Foundation of the Fabricators & Manufacturers Association, Intl.

FUN with Torches (Welding FUNdamentals) Daily Activities

Monday, July 8

8:30- 9:20 Pre-camp Survey, Lab Tour & Introduction to Manufacturing
9:30-10:20 Project Briefing & Lab Safety
10:30 -11:20 Cut to length
11:20-12:00 Lunch (BRING YOUR OWN LUNCH)
12:00-2:45 Introduction to Gas Metal Arc Welding
2:45-3:00 clean up/Adjourn

Tuesday, July 9

8:30- 11:20 Introduction to Cutting
11:20-12:00 Lunch (BRING YOUR OWN LUNCH)
12:00-2:45 Introduction to Gas Metal Arc Welding (continued)
2:45-3:00 clean up/Adjourn

Wednesday, July 10

8:30- 11:00 Tour of Robbins Manufacturing or EK Machines
11:00-11:30 Travel to other Company/ Lunch (BRING YOUR OWN LUNCH)
11:30-3:00 Tour of Robbins Manufacturing or EK Machines

Thursday, July 11

8:30- 10:20 Forming Components
10:20-11:20 Drilling and Punching
11:20-12:15 clean up / Lunch (BRING YOUR OWN LUNCH)
12:15-3:00 Assembly / Fit and Tack

Friday, July 12

8:30 -11:20 Finish Welding
11:20 -12:00 Lunch (BRING YOUR OWN LUNCH)
12:00 - 2:20 Finish Welding continued
2:20-3:00 clean up / Survey / Adjourn



The Foundation of the Fabricators & Manufacturers Association, Intl.

FUN with Torches (Welding FUNdamentals) Daily Activities

Monday, July 15

8:30- 9:20 Pre-camp Survey, Lab Tour & Introduction to Manufacturing
9:30-10:20 Project Briefing & Lab Safety
10:30 -11:20 Cut to length
11:20-12:00 Lunch (BRING YOUR OWN LUNCH)
12:00-2:45 Introduction to Gas Metal Arc Welding
2:45-3:00 clean up/Adjourn

Tuesday, July 16

8:30- 11:20 Introduction to Cutting
11:20-12:00 Lunch (BRING YOUR OWN LUNCH)
12:00-2:45 Introduction to Gas Metal Arc Welding (continued)
2:45-3:00 clean up/Adjourn

Wednesday, July 17

8:30- 11:00 Tour of McFarland Manufacturing Company or Milwaukee Valve
11:00-11:30 Travel to other Company/ Lunch (BRING YOUR OWN LUNCH)
11:30-3:00 Tour of McFarland Manufacturing Company or Milwaukee Valve

Thursday, July 18

8:30- 10:20 Forming Components
10:20-11:20 Drilling and Punching
11:20-12:15 clean up / Lunch (BRING YOUR OWN LUNCH)
12:15-3:00 Assembly / Fit and Tack

Friday, July 19

8:30 -11:20 Finish Welding
11:20 -12:00 Lunch (BRING YOUR OWN LUNCH)
12:00 - 2:20 Finish Welding continued
2:20-3:00 clean up / Survey / Adjourn



The Foundation of the Fabricators & Manufacturers Association, Intl.

Advanced Welding Camp Daily Activities

Monday, July 29

8:30- 9:20	Pre-camp Survey, Lab Tour & Introduction to Project to be donated to city of Portage
9:30-10:20	Lab Safety
10:30 -11:20	Cut to length sawing and shear
11:20-12:00	Lunch (BRING YOUR OWN LUNCH)
12:00-2:45	Introduction to Gas Tungsten Arc Welding
2:45-3:00	clean up/Adjourn

Tuesday, July 30

8:30- 11:20	Introduction to Thermal Cutting
11:20-12:00	Lunch (BRING YOUR OWN LUNCH)
12:00-2:45	Introduction to TIG (continued)
2:45-3:00	clean up/Adjourn

Wednesday, July 31

8:30- 11:20	Introduction to Stick welding SMAW
11:20-12:00	Lunch (BRING YOUR OWN LUNCH)
12:00-2:45	Introduction to Shielded metal arc welding (continued)
2:45-3:00	clean up/Adjourn

Thursday, August 1

8:30- 10:20	Fit and tack project
10:20-11:20	Drilling and Punching
11:20-12:15	clean up / Lunch (BRING YOUR OWN LUNCH)
12:15-3:00	Assembly / Fit and Tack

Friday, August 2

8:30 -11:20	Finish Welding
11:20 -12:00	Lunch (BRING YOUR OWN LUNCH)
12:00 - 2:20	Finish Welding continued
2:20-3:00	clean up / Survey / Adjourn