Registration Form

2014 RACE CAR ENGINEERING CAMP
Learn the Math & Science behind NASCAR!
For students entering grades 9-12
June 16-18 8:30am – 12:30pm
June 19 8:30am – 2:00pm (Racing 12-2)
Build, adjust and race 1/10th scale cars!
Thanks to our sponsors, the camp fee is only $25.00

Register early! Camp is limited to the first 32 registrants and it filled fast last year!

Last Name: ________________________________ First Name: ________________________________
Street Address: ________________________________
City: __________________________ State: _________ Zip Code: ____________
Phone Number: __________________________ Email: ________________________________

Fall 2014 School Name ________________________________ Grade entering in Fall: [ ] 9 [ ] 10 [ ] 11 [ ] 12

Please complete the following information:

☐ Male ☐ Female Date of Birth ___ ___ - ___ ___ - ___ ___ Shirt Size (circle one): S M L XL
Ethnic Category: ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic ☐ White (non-Hispanic)

How did you hear about this camp? ☐ Teacher ☐ Poster ☐ Internet ☐ Other
What are your career interests? __________________________________________________________

If you are interested in choosing your own teammates please list their names below:

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________

Each of the persons listed must submit their own registration form. If they wish to be on your team, they should write your name in this section.

I certify that I am the child’s legal guardian, and I give him/her permission to participate in all scheduled activities at the MSTC Race Car Engineering Camp. I also agree to hold MSTC, camp sponsors, and staff & volunteer team leaders harmless for any and all personal injury that might result from participation in any part of this program.

_________________________________________  ____________________________________________
Name (please print)  Signature  Date

-OVER-
Name ____________________________ ____________________________ ______ Date of Birth ___________

Health Information:
Please list any health concerns that camp personnel should be aware of:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Emergency Phone numbers:
Parent/guardian Name ____________________________ Phone # __________________________
Name ________________________________________ Phone # __________________________
Other contact: Name ____________________________ Phone # __________________________

Insurance Information:
________________________________________________________________________________________

Insurance Carrier ____________________________ policy number

Publicity Release:
I, ____________________________________________ □ DO □ DO NOT give Mid-State Technical
College permission Registration to utilize photographs and/or video images/pictures containing my voice, image, and/or
image of my original work. I understand that the photographs/images/voice may be utilized in print publication and/or
digital publication promoting the College via newspaper, magazine, newsletter, mailer, brochure, billboard, website,
cable/television broadcast, and/or radio broadcast, or any additional formats for the sole purpose of promoting the
College via publicity and advertising.

Student Signature ____________________________ Date __________________________

_________________ ____________________________ Date __________________________
Print parent name parent signature

This form, along with the $25 registration fee (payable to MSTC) must be received at MSTC by May 30, 2014
Mail to: Gary Kilgas
Mid-State Technical College -OR- Drop off at the main office of the Wisconsin Rapids Campus of MSTC
500 32nd St. N Be sure to put Attn: Gary Kilgas on the envelope
Wisconsin Rapids, WI 54494

Registration verification and additional information will be provided once registration is complete.

Questions? Contact Gary Kilgas, Associate Dean (715)422-5572 or Gary.Kilgas@mstc.edu