



## MSOE Release of Liability Statement

FORM  
**1**

I, \_\_\_\_\_, give my child

(Parent/Guardian First & Last Name)

\_\_\_\_\_ permission to

(Participant First & Last Name)

participate in athletic activities while attending the MSOE Summer Programs. I agree that if a health condition exists which would limit his/her participation in any activity, I will notify MSOE. I realize there is an assumption of risk involved in all athletic participation, including, but not limited to, the sport of dodge ball, bowling, ice skating, and paintball. Such risk of injury may be severe and could involve further medical attention. I hereby acknowledge that MSOE has informed me of such risk and I will not hold MSOE responsible for such injuries.

\_\_\_\_\_  
Parent or Legal Guardian's signature

\_\_\_\_\_  
Date

**Please return to:**

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



# 2020 Summer Program Camp Policies

Please read thoroughly. Sign, date and return with other forms.

FORM  
2

**NAME:** (print neatly) \_\_\_\_\_

**CIRCLE YOUR CAMP DATES:** June 21-26 (Women in Engineering only) / July 5-10 / July 19-24 / July 26-31

1. **Treat participants, staff and the MSOE campus with respect.** Foul language and failing to follow the instructions of MSOE staff and faculty will not be tolerated. Any participant causing intentional damage to campus will be held financially responsible and be removed from the program.
2. **Smoking, alcoholic beverages, and illegal drugs are strictly prohibited.**
3. Participants are allowed to park a vehicle in the MSOE parking lot; however, the **vehicle must remain parked** and registered with Public Safety for the duration of the program. The vehicle keys will be confiscated if the vehicle is moved during the program.
4. **Participants are to remain on campus** unless accompanied by a staff member.
5. Participants are escorted to class each morning and afternoon as a group. Each participant will need to **report to the cafeteria** at each of the scheduled mealtimes to be accounted for; even if the participant chooses not to eat.
6. **Electronic devices** (cell phones, iPods, etc.) **are not allowed in classrooms.** *Cell phones can be with you but must be turned off. Talking on the phone and texting is not permitted during class times.*
7. Participants are **required to attend** all mandatory evening activities listed on the agenda.
8. Participants **MUST** wear closed-toe shoes and long pants to all academic sessions.
9. In the Residence Halls, please **adhere to the following rules:**
  - a. Door tags must stay on the door. Switching rooms requires permission from the staff.
  - b. Be on your floor by 10:30 p.m.; in your room by 11:00 p.m.
  - c. You must sleep in your assigned room.
  - d. Doors must remain open while socializing with other participants in rooms.
  - e. Outside guests are not allowed to visit during the program but may come to the awards ceremony on the final day.
  - f. Recycle – crush cans and place all recyclables in the appropriate containers.
  - g. Keep your area neat. Trash should be bagged and thrown into the trash chute.
  - h. Remain in Summer Program designated areas only.
  - i. Screens shall not be removed from windows. If a screen is removed, the participant will incur a \$50 charge. (There are tabs that break to show when one has been removed).
  - j. Do not bring: matches, lighters, candles, or R-rated movies. These items will be confiscated and returned at the end of the program.

I, \_\_\_\_\_, have read, understand and agree to the MSOE Summer Program Campus Policies. **I understand that failure to abide by these policies can result in my removal from the program.**

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Please return to:**

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summerprograms@msoe.edu



# Medical History

FORM  
**3**

NAME: (print neatly) \_\_\_\_\_

CAMP ATTENDING: \_\_\_\_\_

CIRCLE YOUR CAMP DATES: June 21-26 (Women in Engineering only) / July 5-10 / July 19-24 / July 26-31

Medical condition	Yes	No	Please list date of diagnosis and/or describe level of seriousness and type of injury or illness	Medication name and dosage
Asthma				
Congenital issues				
Diabetes				
Dietary Needs				
Epilepsy				
Environmental allergies				
Food allergies				
Heart problems				
Mental health issues				
Other illnesses				
Injuries or surgeries				
Current Tetanus shot				

Additional Comments/Special Instructions:

Please return to:

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



## Participant Medical Release Form

FORM

4

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Emergency Contact (Parent or Legal Guardian)**

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

**Alternate Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

In the event that a participant in the MSOE Summer Programs becomes ill or sustains an injury that requires medical/dental attention, the participant will be taken to the nearest hospital emergency room.

**PLEASE SIGN AND DATE THE FOLLOWING RELEASE:**

If my child should become ill or sustain an injury while participating in the MSOE Summer Programs, I hereby authorize emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Print Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Group Name and/or # \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Family Physician Phone Number \_\_\_\_\_

**This information will be kept confidential and will only be available to MSOE Summer Program's personnel and health care professionals.**

**Please return to:**

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



# Summer Program Special Requirements



Please note any special requirements or arrangements that should be made for your child while attending camp. If there are no special requests simply indicate "None".

*Examples:*

- *Johnny will be leaving Tuesday night at 5 p.m. for a family dinner. He will be picked up by his uncle, Mike Smith (phone number 123-456-7890), and returned to campus by 10:30 p.m.*
- *Shelly will be bringing a mini fridge as she keeps Kosher.*


**ROOMMATE REQUEST: If one has a roommate preference, please include the name here.**

*\*\*Please be aware there are occasions when roommate requests cannot be accommodated\*\**

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**Please return to:**

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



# Milwaukee School of Engineering Image Usage Release

FORM

6

I hereby give my consent for the image, voice or likeness of \_\_\_\_\_  
(print full name)

to be recorded digitally, or on film or tape, for any of  
the following uses:

- Educational/ Instructional media
- Advertising or recruitment
- Development media
- Newsworthy media documentation
- Social media or other electronic uses

**For Office Use Only**

Date \_\_\_\_\_

Event description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Photo ☐ Video ☐ Audio

I further authorize the Milwaukee School of Engineering (MSOE) and their component parts to use this electronic image and/or photographs in any manner-whole or in part.

This waiver includes the usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials which support the educational and outreach activities of MSOE.

All images, print, video and digital images shall become the property of MSOE solely and completely.

I hereby waive any right I may have to inspect or approve any use of this electronic image and/or photographs and I release the Milwaukee School of Engineering (MSOE) and its component parts from all liability which could result from its use.

No payment has been promised, made or is anticipated. I have read and fully understand the contents of this release. This release shall be binding upon me and my heirs, legal representatives and assigns.

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone number** (\_\_\_\_\_) \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Participant signature** \_\_\_\_\_

*A parent or guardian must sign this form if the participant is under the age of 18.*

**Parent/guardian name (please print)** \_\_\_\_\_

**Parent/guardian signature (required)** \_\_\_\_\_

**Telephone or e-mail contact information** \_\_\_\_\_

**Please return to:**

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



## MSOE Summer Programs Travel Form



MSOE provides free ground shuttle transportation to participants who arrive via plane, train, or bus.

This form **MUST** be returned by **Thursday, June 18** to guarantee transportation.

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

☐ Check box if **NO** transportation assistance is needed.

☐ Check box if **PICKUP OR DROP OFF IS NEEDED**, and please fill in the travel details below.

Emergency Travel contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Camp Sessions: Please circle which week(s) you will be at camp:

**June 20-26, 2020** (Women in Engineering Only) / **July 5-10, 2020** / **July 19-24, 2020** / **July 26-31, 2020**

Method of Travel: Please circle your mode of travel:

BUS: Intermodal Station 433 W. St. Paul Ave.  
TRAIN: Intermodal Station (MKE) 433 W. St. Paul Ave. (*not the airport station (MKA)*)  
PLANE: Mitchell Int'l Airport (MKE) 5300 S. Howell Ave.

Please attach a copy of your complete travel itinerary, including connections, flight numbers, etc.

### **ARRIVAL:**

Date of arrival: \_\_\_\_\_ Time of arrival: \_\_\_\_\_

City arriving from: \_\_\_\_\_ Flight/Train/Bus Carrier and Number: \_\_\_\_\_

- Please arrive on the first day of the program at a time *no later than* 3 p.m.
- The MSOE representative will have an MSOE sign and shirt so you can identify them. They will usually text the student to coordinate the pickup.
- If arriving by bus or train, an MSOE rep will meet you outside the lobby of the terminal.
- If arriving by airplane, an MSOE rep will meet you outside the arrival terminal (street outside the baggage carousel).
- Participants will receive a confirmation call prior to arrival to confirm travel plans.

### **DEPARTURE:**

Date of departure: \_\_\_\_\_ Time of departure: \_\_\_\_\_

City departing to: \_\_\_\_\_ Flight/Train/Bus Carrier and Number: \_\_\_\_\_

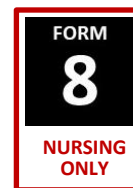
- If departing on the final day of the program, depart *no earlier than* 5 p.m. if possible. Keep in mind when making your travel arrangements, you can plan to depart a day late *if necessary*.

**Please return to:**

MSOE Summer Programs, c/o Enrollment Management, 1025 N. Broadway, Milwaukee, WI, 53202-3109  
summerprograms@msoe.edu



# Immunization History



***\*\* This form is needed ONLY for  
participants in the FOCUS ON NURSING Program\*\****

**NAME:** (print neatly) \_\_\_\_\_

**CAMP ATTENDING:** MSOE FOCUS ON NURSING SUMMER PROGRAM

**CIRCLE YOUR CAMP DATES:** June 21-26 (Women in Engineering only) / July 5-10 / July 19-24 / July 26-31

***Please have your physician attach a physical copy of your immunization record or fill out this form.***

Immunization	Yes	No	Date of immunization	Notes
Diphtheria, Tetanus, and Pertussis (DTap)				
Hepatitis A (HepA)				
Hepatitis B (HepB)				
Human Papillomavirus (HPV)				
Influenza (IIV or LAIV)				
Measles, Mumps, Rubella (MMR)				
Meningococcal (MenACWY)				
Polio (IPV)				
Rotavirus (RV)				
Varicella (Chickenpox)				

**Physician's Name:** \_\_\_\_\_

**Please return to:**

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summerprograms@msoe.edu





## Summer Program Suggested Packing List



### CLOTHING:

- Mixed wardrobe (MUST include at least one pair of long pants (without holes)\* for labs, shorts, shirts, sweatshirt, socks, etc.)
- Shoes\* (MUST include at least one pair of closed-toe shoes for labs, like tennis shoes)
- Athletic wear for outdoor/indoor sporting activities
- Jacket
- Umbrella (suggested)

### TOILETRIES:

- Toiletries (i.e. shampoo, toothpaste, toothbrush, flip flops for shared showers, etc.)
- Required medications
- Towels

### CLASS SUPPLIES:

- Notebook
- Pens and pencils
- Water bottle

### ROOM SUPPLIES:

- Box or Standing Fan (Do not forget this! Your residence hall room is NOT air-conditioned.)
- Pillow with pillowcase (linens are provided)
- Cell phone and charger
- Alarm clock
- Wireless router (there is only hard-wired internet available in the dorms. If you choose to bring a router it is YOUR responsibility. Ethernet cord is provided.)
- Recreational equipment (cards, board games, videos - NO R-rated movies)
- Snacks
- Spending money [optional - for souvenirs and incidentals; Bills larger than a \$20 are not recommended; food can be ordered for delivery to the residence halls; vending machines are available (they take credit cards, \$1, and \$5 bills). Due to timing and organizational issues we do not take trips to the local grocery store.]

\*Do not forget closed-toe shoes and long pants (without any holes)! They are required for laboratory work and industry tours.



## Summer Programs FAQs



### **What time is check-in and checkout?**

All participants should check in between 3 and 5 p.m. on the Sunday of their program week at Margaret F. Loock Residence Hall (MLH), 324 E. Juneau Ave. Special arrangements can be made if necessary.

On Friday, students in the Focus programs will attend the Program Recap and Awards Ceremony at 1 p.m. in the Kern Center Arena, 1245 N. Broadway. Family and friends are welcome and encouraged to attend. Metered street parking is available, or you may park in the Viets Field Parking Structure at 1305 N. Broadway. Students in the Explore program have class until 4:30 p.m.

Following the conclusion of the Program Recap and Awards Ceremony, Focus program students will walk to MLH for checkout, which will be around 2 p.m. Explore students will walk to MLH for checkout at 5 p.m. Special arrangements can be made for late checkout if necessary.

### **What if I am arriving via air, train, or bus?**

MSOE will provide ground shuttle transportation from the airport or intermodal station at no extra cost. Also, if you need to arrive a day early and/or stay a day late due to travel arrangements, you may stay in the residence halls an additional day at no extra cost (however, not before July 5). Please fill out the Travel Form included in this packet and return to 1025 N Broadway, Milwaukee, WI or email to [summerprograms@msoe.edu](mailto:summerprograms@msoe.edu).

### **Can I bring a vehicle to campus?**

Yes, however, the vehicle must remain parked the remainder of the program. There is no additional cost for parking. Participants are not allowed off campus unless previous arrangements have been made by the parents or guardian.

### **Do I have to stay overnight?**

This is a residential camp and we encourage full participation in the program. Under special circumstances, exceptions may be made for commuters, but there is no discount for doing so.

### **Will I have a roommate?**

Yes, there are two campers per room and we can accommodate roommate requests. If there is an uneven number of participants, someone may end up in a single room.

### **Are the residence halls air-conditioned?**

The common areas of the residence halls are air-conditioned, but the rooms are **NOT**. *It is strongly encouraged that each participant brings a fan.* Classrooms and other campus common areas are air-conditioned.



## Summer Programs Tentative Agenda



This is a general outline of what the week looks like. Different programs will require small adjustments to the schedule to accommodate industry tours and special field trips.

<b>Sunday</b>	3:00 – 5:00 p.m.	Check-in, room assignments, etc.
	5:00 p.m.	Floor orientation ( <i>participants only</i> )
	5:30 p.m.	Dinner
	6:15 p.m.	Welcome and orientation
	7:00 p.m.	Icebreakers
	7:45 p.m.	Activities (game room/board games)
	10:00 p.m.	Return to Residence Halls
	10:30 p.m.	Return to Floor, Get ready for lights out
	11:00 p.m.	Lights out
<b>Monday- Thursday</b>	7:30 – 8:15 a.m.	Breakfast
	8:15 a.m.	Meet for academic programming
	8:30 a.m.	Academic programming
	12:00 p.m.	Lunch
	12:45 p.m.	Meet for academic programming
	1:00 p.m.	Academic programming
	4:30 p.m.	Return to Residence Hall for Dinner
	4:45 p.m.	Dinner
	6:00 p.m.	Evening activities (ComedySportz, Laser Tag, Field Day, etc.)
	10:00 p.m.	Return to Residence Halls
	10:30 p.m.	Return to Floor, Get ready for lights out
	11:00 p.m.	Lights out
<b>Friday</b>	7:00 – 7:45 a.m.	Clean room/Room Checkout
	7:45 – 8:15 a.m.	Breakfast
	8:15 a.m.	Meet for academic programming or industry tour
	8:30 a.m.	Academic programming or industry tour
	12:00 p.m.	Lunch
	12:45 p.m.	Focus Programs Students: Meet for Recap
	1:00 p.m.	Explore Program Students: Meet for academic programming
		Focus Programs Students: Recap Event and Awards Ceremony
	2:00 – 3:30 p.m.	Explore Program Students: Academic programming
		Focus Programs Students: Camp Checkout
	4:30 – 6:00 p.m.	Explore Program: Camp Checkout