

Summer Program Suggested Packing List

- FAN** (don't forget this! Your residence hall room is NOT air-conditioned)
- Toiletries (i.e. shampoo, toothpaste, toothbrush, flip flops for shared showers, etc.)
- Towels
- Pillow (linens are provided)
- Jacket
- Mixed wardrobe (including long pants for lab, sweatshirt, socks, etc.)
- Shoes (include at least one pair of closed-toe shoes for labs, like tennis shoes)
- Athletic wear for outdoor/indoor sporting activities
- Alarm clock/phone
- Spending money (optional – for souvenirs, extra food, etc.)
- Required medications
- Recreational equipment (i.e. board games, cards, videos – NO R-rated movies)
- Cell phone and charger
- Camera (optional)
- Notebook, pens, and pencils**
- Water bottle
- Umbrella (suggested)
- Wireless router (there is only hard-wired internet available in the dorms – if you choose to bring a router it is YOUR responsibility)

Note: There is a grocery store just a couple of blocks from campus.

Don't forget closed-toe shoes and long pants! They are required for many activities and industry tours

MSOE 2018 Summer Program Camp Policies

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

NAME : _____

CIRCLE YOUR CAMP DATES : July 8-13 / July 15-20 / July 22-27

1. **Treat participants, staff, and the MSOE campus with respect.** Foul language 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 meal times 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
 - a. Door tags must stay on the door. Switching rooms requires permission from staff.
 - b. Be on your floor by 10:30 pm; in your room by 11:00 pm.
 - c. You must sleep in your assigned room.
 - d. Doors must remain open while socializing with other participants in room.
 - 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 container.
 - 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 should 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 2017 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



Milwaukee School of Engineering Image Usage Release

For Office Use Only

Date _____

Event description _____

Photo Video Audio

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

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.

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 _____

Participant Medical Release Form

Participant's Name _____

Birth Date _____ Age _____ Gender _____

Parent or Legal Guardian

Name(s) _____

Street Address _____

City, State, ZIP _____

Day Phone # _____ Evening Phone # _____

Alternate Emergency Contact

Name _____

Day Phone # _____ Evening Phone # _____

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/Policy # _____ Phone Number _____

Family Physician Name _____

Family Physician Phone # _____

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

Medical History

First & Last Name _____

Summer Program Attending: _____ Dates: _____

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:

MSOE Travel Form **Summer Programs 2018**

MSOE provides **free** ground transportation to participants who are arriving via plane, train, or bus. If ground transportation is needed, please complete this form and return.

This form MUST be returned by Friday, June 29th to guarantee transportation.

(No need to return this form if providing own transportation to and from camp.)

NAME: _____ **CELL PHONE #:** _____

Emergency Contact: _____ **Phone #:** _____

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

JULY 8-13

JULY 15-20

JULY 22-27

Method of Travel: Please circle your mode of travel:

BUS: Intermodal Station 433 W. St. Paul Ave. P: 800-231-2222

TRAIN: Intermodal Station 433 W. St. Paul Ave. P: 800-872-7245

PLANE: General Mitchell Airport (MKE) 5300 S. Howell Ave. P: 414-747-5300

Keep in mind when making your travel arrangements, you can plan to depart a day late if necessary. If arriving on the day of the program, arrive *no later than* 3:00 p.m. If departing on the final day of the program, depart *no earlier than* 5:00 p.m. if possible.

Please include a copy of your complete travel itinerary, included any connections, flight numbers, etc.

Date of arrival: _____ **Time of arrival:** _____

Date of departure: _____ **Time of departure:** _____

If you are arriving by bus or train, an MSOE representative will meet you in the lobby of the terminal. If you are arriving by plane, an MSOE representative will meet you at the baggage claim carousel.

The MSOE representative will have an MSOE sign and shirt so you can identify them.

Participants will receive a confirmation call prior to arrival to confirm travel plans.

