



# 2018 Mind Over Metal Camp Application

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ Child's Preferred Name: M/F/Choose not to Identify (Circle)

Date of Birth (mm-dd-yyyy) Grade Completed to date (as of 2018) \_\_\_\_\_

School: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_

Contact Number of Parent/Guardian (please indicate who's #) \_\_\_\_\_

### Alternative Contact in Case of Emergency

#1 Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Info:** Dates of last immunizations—Please provide a copy of immunization records for MMR, DPT, Polio, Chicken Pox, Tetanus, Hep B and HIB.

Allergies: (Please write "none" if no allergies) \_\_\_\_\_

Medications: (List below, with doses and times):  
(Please write "None" if child doesn't take medication) \_\_\_\_\_

Medical Conditions: Including ADHD or any other behavioral conditions within the last 3 years (Please write "none" if no medical condition exists) \_\_\_\_\_

Physician name and number: \_\_\_\_\_

Does your child have access to safety shoes?

Yes  No

Insurance name and policy: \_\_\_\_\_

If not...what size shoe (in adult sizes) does your child wear? \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Does your child have any foods they absolutely do not enjoy? Or are allergic to?  Yes  No

If so - please list: \_\_\_\_\_



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I hereby agree and give my permission for the CWB Welding Foundation (herein referred to as "CWB") and/or its representatives and authorized agents to record, film, photograph, audiotape or videotape the name, image, student work, and welding performance of \_\_\_\_\_ (Please print name of student) (such recordings, images and materials herein collectively referred to as "Works") and to use, reproduce, display, publish or distribute these Works, which may include posting on the CWB website, posting on social media sites (including but not limited to: Facebook; Twitter; YouTube) and/or broadcasting on television or radio, as determined by CWB, for purposes in connection with promoting and explaining CWB and its activities. I further agree that the name and identity of the student named above may be revealed in descriptive text or commentary in connection with the Works. I acknowledge and agree that CWB owns all rights to the Works. The Works will not be sold to third parties.

I hereby waive any right to inspect or approve the use of these Works now or in the future, and I waive any right to any royalties or other compensation related to the use of these Works.

I understand that once the Works appear in electronic form on the internet or in other publications, the works could possibly be downloaded or copied by a third party. I agree that I will not hold CWB, its officials, directors, employees, agents or affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, responsible for any harm that may arise from such unauthorized reproduction.

I also understand that external media organizations may attend events involving CWB. I give permission for the name, image, student work, and performance of the student named above to be photographed, filmed, audiotaped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that the student may participate in the above

Please mark this box if you **DO NOT WISH** the student may participate in the above

I have read this student photo/video consent and release form and I fully understand the contents and meaning of this Consent and Release.

To be signed by the student named above where he or she is 18 years of age or over:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

To be signed by a parent or legal guardian of the student named above where the student is under the age of 18 years:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





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I am the parent or legal guardian of \_\_\_\_\_ (the "Participant"). On behalf of the Participant, myself, the Participant's parent(s) or guardian(s), heir(s), estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

1. Give my permission for the Participant to take part in the Mind over Metal Summer Camp Program (the "Camp") being held at: \_\_\_\_\_;
2. Represent and warrant that the Participant is in good health and physical condition and can participate in the Camp and acknowledge and understand that participation in and attendance at the Camp involves certain risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage either specifically as a result of participation in the welding activities at the Camp or generally in connection with the Participant's attendance thereat. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks;
3. Fully and forever release, discharge and indemnify or the CWA Foundation and each of their respective parent companies, affiliates, divisions, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all Camp directors, volunteers, and staff (collectively, the "Released Parties") of and from any and all causes of action, lawsuits, losses, damages, injuries (including personal and bodily injuries, death and injury to property) howsoever caused (whether by negligence or otherwise), claims, demands, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or the Participant or any other person, directly or indirectly arising out of or in connection with the Camp, including, without limitation, participation of the Participant in the Camp;
4. Agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage or injury sustained by the Participant or others in connection with the selection, attendance and participation of the Participant in the Camp;
5. Agree that, in the event that I cannot be reached in a medical emergency, I hereby authorize and permit the Released Parties and Camp personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant; and
6. Should any portion of this Permission, Waiver and Release be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Permission, Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Permission, Waiver and Release.

I HAVE READ THIS PERMISSION, RELEASE AND WAIVER CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS PERMISSION, RELEASE AND WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

\_\_\_\_\_  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## PRE-CAMP SURVEY

The following information and questions are to be filled out by students attending the Mind over Metal camps:

*(Please circle one of the choices)*

Age:        11    12    13    14    15    16    17    18

Grade:     6     7     8     9     10    11    12

Gender:    M - F - Choose not to identify - Other(Please Specify): \_\_\_\_\_

Camp Location: \_\_\_\_\_

	Yes	I think So	I'm not sure	I don't think so	No
I am interested in welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have knowledge about the welding trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan on taking welding in secondary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am considering welding as a career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you graduating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What year are you graduating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of the career opportunities in welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please fill in the most appropriate response for each statement.*

What do you hope to learn from this week's camp?

\_\_\_\_\_