

WMS.....After-School Program: Turning on the Lathe

STUDENT APPLICATION Parent signature required

Applications are to be returned to: **Main Office or Sam Angelo (date _____)**

This program will be offered three times during the year: Check the box below which time or times you would be available to participate. It is important that you do not have a conflict with another activity or sport. If you are available for 2 or 3 of the sessions (below), please indicate this. As space may be limited, it will provide flexibility in scheduling and help everyone get a turn. **Check below each session you are available.**

➤ *Session 1* *October-November-December*

➤ *Session 2)* *January-February-March*

➤ *Session 3)* *March-April-May*

Student Information

Name _____ Grade _____

Emergency information

Using any power equipment can be dangerous and may result in injury. Students will adhere strictly to all safety rules or they will be removed from the program. Parents are asked to provide some contact information in the event of an accident or to relay information regarding the class.

Optional Email Address or facebook connection may be used to provide information about the program or to communicate reminders of the weekly session, cancellations, or any changes that may occur as a result of a conflict. Connect with me at samangelo@rtconnect.net or on facebook.

Parent/Guardian Information *Primary contact:*

Parent/Guardian Name _____

Address: _____ Worland, Wyoming
Street /Apt#

Home Phone: _____ Work Phone _____ Cell# _____

e-mail address optional: _____ or Facebook _____

Secondary or Emergency contact: Provide an optional guardian/parent/ or emergency contact if desired. I agree to allow my son/daughter to participate in the after school program TURNING ON THE LATHE.

Parent Signature _____ Date _____

STUDENT APPLICATION: TURNING ON THE LATHE



To be completed by student.

Please read, understand, and agree to the requirements of this program before completing and turning in this application.

I will learn, understand and follow all safety rules.

If I do not completely understand or feel safe performing a procedure, I will ask for help from the instructor before I proceed.

I will treat school equipment and other students with respect.

To the best of my ability, I agree to attend every session.

If I simply cannot attend a session, I will tell Mr. Angelo or Mr. Grant, that I will be absent.

I WILL CLEAN UP MY WORK AREA AT THE END OF EACH SESSION.

(THE SHOP WILL BE LEFT CLEANER THAN WHEN WE STARTED)!!!!

I will help set up tools and lathes for each session and put away tools and other equipment when each session is completed.

I understand that if my absences are excessive and without good reason, I will be removed from the program.

I understand that all tools and supplies will be provided at no cost. However, there are many (optional) projects or turning "kits" that can be purchased by the student. (More information will be provided later).

AFTER COMPLETING THIS PROGRAM, would you be willing to help teach other students on the wood lathe when another turning session is offered?(You would be a shop helper and demonstrate how to use a tool for example).

I understand that I will be removed from the program if I do not follow the program requirements.

I AGREE, TO THE BEST OF MY ABILITY, TO FOLLOW ALL SAFETY RULES AND THE REQUIREMENTS OF THE PROGRAM LISTED ABOVE.

Signature of student