



## KIDS at the Capitol

Wisconsin State Senators may sponsor Wisconsin students to take part in the **KIDS at the Capitol** program at the State Capitol. Kids, ages six through eleven, who desire to learn more about the Capitol and spend time learning about the legislative process are invited to apply. Our goal is to get kids excited about the legislative process and see it take place first hand.

The program will be offered throughout the session and the daily schedule will be developed based on the age and skill level of each participant.

### **A typical day would include:**

9:00 Arrive for orientation with the Legislative Education and Outreach Officer

9:15 Tour the Capitol building

10:00 Visit Senator's office

10:30 Take part in age and grade level appropriate activities

11:30 End of the program

\*The starting and endings time can be flexible, depending on the needs of the student

### **Application Requirements:**

- 1) Completed Application
- 2) Signed consent forms

For more information, please contact:

Dr. Tammy Wehrle

Legislative Education and Outreach Officer

Page for a Day Program

State Capitol, PO Box 7882

Madison, WI 53707-7882

[Tammy.wehrle@legis.wi.gov](mailto:Tammy.wehrle@legis.wi.gov)



(Please print or type)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Parent's Cell # \_\_\_\_\_

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

City: \_\_\_\_\_ Wisconsin Zip: \_\_\_\_\_ County (Ex: Dane) \_\_\_\_\_

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

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Name of your State Senator: \_\_\_\_\_

What Senate District do you live in?\* (Ex: 33 SD)\* \_\_\_\_\_

*You will be notified when you are chosen for the KIDS at the Capitol program.*

Send completed application to:

Dr. Tammy Wehrle

Legislative Education and Outreach Officer

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State Capitol, PO Box 7882

Madison, WI 53707-7882

[Tammy.wehrle@legis.wi.gov](mailto:Tammy.wehrle@legis.wi.gov)



## Indemnification Form

I agree to indemnify and hold harmless the State of Wisconsin and its employees, officers, and agents for damages to person or property arising from applicant's participation in the KIDS at the Capitol Program.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## Medical Consent Form

### Medical Information

Applicant's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_, Wisconsin Zip \_\_\_\_\_

Daytime and/or Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is the applicant required to take any medications? Does the applicant have any pre-existing medical conditions we should be aware of?

If so, please explain (attach second sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

### Consent

If, in the judgement of any representative of the KIDS at the Capitol program, the applicant needs medical care and treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment being given to the applicant by or at the direction of any physician. I accept responsibility for medical charges which may be incurred on my child's behalf. I understand that I am responsible for any such charges that are not covered by insurance.

\_\_\_\_\_  
Parent's/Guardian's Signature



## Consent to use picture Form

The State Senate may use a kid's photograph in association with media, websites or communications pieces relating to the KIDS at the Capitol Program. By enrolling in the program, each kid consents to the use of his or her photograph for this purpose. By authorizing their son, daughter, or ward to enroll in the program, each parent or guardian consents to the use of the son's, daughter's, or ward's photograph for this purpose.

By signing below, I indicate that I have read and understand the above Code of Conduct and agree to abide by its terms to the extent that they apply to me.

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Parent's/Guardian's Signature

Date

## Consent Form

Name of school \_\_\_\_\_ Principal's name \_\_\_\_\_

*I hereby approve this student to be considered for acceptance into the KIDS at the Capitol Program, and will grant this student an excused absence for participation in the program. (Applicable only if attendance in program is during school hours)*

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Principal's Signature

Date

*If selected to participate in the Senate KIDS at the Capitol program, my daughter/son has my permission to attend.*

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Parent's/Guardian's Signature

Date