

Schedule

Youth Tractor Safety Certification Course

Date	Time	Place	Topic
Tuesday July 21	9:00 a.m. – 3:00 p.m.	Ashland Ag Research Station	Safety Is No Accident, Why Farm Accidents Occur, Farmstead Safety
Wednesday July 22	9:00 a.m. – 3:00 p.m.	Ashland Ag Research Station (Bring your lunch)	Tractor Safety on the Farm, Tractor Safety on the Road
Thursday July 23	9:00 a.m. – 3:00 p.m.	Lulich Implement (Bring your lunch)	PTOs, Hitches, Hydraulics, Tractor Instruments and Controls, Tractor Maintenance and Safety Checks
Friday July 24	9:00 a.m. – 1:00 p.m.	Lulich Implement (Bring your lunch)	Safe Tractor and Implement Operation, Driving Exam, Written Exam

**For more information, contact the Bayfield County Extension Office,
Courthouse, Washburn, WI 54891 Phone (715) 373-6104**

----- (Detach and Return) -----

Youth Tractor Safety Certification Course Registration Form

(Must be signed by parent or guardian)

Please enclose \$10.00 registration fee per student.
Make checks payable to: Bayfield County University Extension

Return registration form and fee to: Bayfield County University Extension Office
Courthouse, PO Box 218
Washburn, WI 54891

Name of Student(s): _____ Phone: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Address: _____

City/State/Zip: _____

I agree to allow the student(s) listed above to participate in the 2009 Bayfield County Wisconsin Tractor and Machinery Safety Course. I understand that participation includes the operation of farm equipment and visiting an implement dealer. I agree to hold harmless the certified instructors, the Bayfield County University Extension Office, and Lulich Implement who are conducting this program. I agree that the certified instructors have the right to limit a student's participation in any part of this course, if they deem that participation might result in an unsafe situation for the student or other course participants. I understand that disruptive students will be dismissed from the class and the registration fee will not be refunded.

(Signature of Parent or Guardian)

(Date)