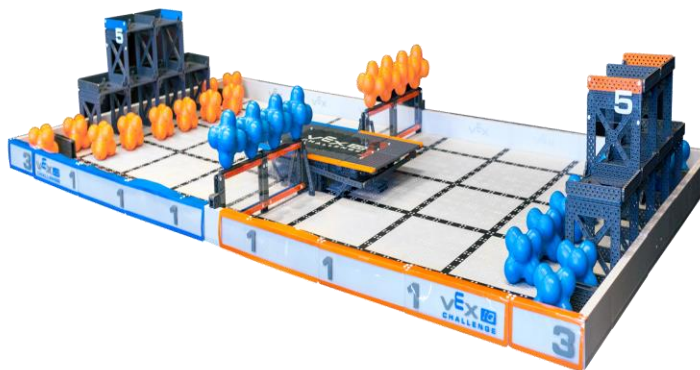


Tri-Rivers RAMTEC Vex IQ Robotics Camp Agenda

Location: Tri-Rivers RAMTEC Center Door B7



When: June 23rd-24th **Times:** 10am - 2pm **Grades:** Entering grades 4-7

Cost: \$40 if paid before June 1st/ \$60 after the 1st

Lunch & T-shirt provided

Day 1

10 am sign in RAMTEC Ohio door B7

- Safety, Terminology, Tools & Software
- Review robot construction, terminology and programming
- Review 2017 Vex IQ Robotics Crossover robot build
- Build and compete in Robot Challenge I

Noon to 12:30 pm Lunch and activity

- Review Motors, Gearing, Torque, Engineering Notebook and programming
- Build and compete in Robot Challenge II

Adjourn 3pm

Day 2

10 am sign in RAMTEC Ohio door B7

- Work on Crossover Robot
- 12:00 pm 12:30pm Lunch
- Build and compete in Vex IQ Crossover contest

3:00 Adjourn

Name _____ School _____ Camper's 2017 Grade level _____

Shirt size (check one) **Adult** XXL XL L M S **Youth** Large Y Med Y Small

Summer contact number _____ Email Address _____

* My contact information; Ritch Ramey, cell (740) 360-8156 email: rramey@tririvers.com,

**** The cost of the camp is \$40 for non-students if paid by June 1st or \$60 if paid after June 1st. Checks can be made out to Tri-Rivers Career Center.**

Required to attend RAMTEC Vex Summer Camp

TRCC Emergency Medical form required unless you bring a copy of your home school form

PURPOSE: To enable a parent / guardian to authorize the provisions of emergency treatment for a student who becomes ill or injured while under school authority when the parent or guardian cannot be contacted.

REQUIREMENT: All students attending Tri-Rivers Career Center camps must have a signed EMERGENCY MEDICAL AUTHORIZATION form on file. The student's parent / guardian must indicate "CONSENT of EMERGENCY TREATMENT".

Student Information:																	
Legal Name: _____ (Last) _____ (First) _____ (Program)																	
_____ (Street Address) Date of Birth: _____ (Month-Day-Year) Gender: M F (City) (Zip) (Home Phone)																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> Parent / Guardian Information: Relationship: _____ <i>Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent</i> Name: _____ 1st Contact Phone Number : () _____ 2nd Contact Phone Number: () _____ Work Phone Number: () _____ Parent/ Guardian Address: _____ <i>(If different than student)</i> STUDENT LIVES WITH: Yes No If No is there Parental Joint Custody: _____ </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> Parent / Guardian Information: Relationship: _____ <i>Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent</i> Name: _____ 1st Contact Phone Number : () _____ 2nd Contact Phone Number: () _____ Work Phone Number: () _____ Parent/Guardian Address: _____ <i>(If different than student)</i> STUDENT LIVES WITH: Yes No If No is there Parental Joint Custody: _____ </td> </tr> </table>			Parent / Guardian Information: Relationship: _____ <i>Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent</i> Name: _____ 1st Contact Phone Number : () _____ 2nd Contact Phone Number: () _____ Work Phone Number: () _____ Parent/ Guardian Address: _____ <i>(If different than student)</i> STUDENT LIVES WITH: Yes No If No is there Parental Joint Custody: _____	Parent / Guardian Information: Relationship: _____ <i>Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent</i> Name: _____ 1st Contact Phone Number : () _____ 2nd Contact Phone Number: () _____ Work Phone Number: () _____ Parent/Guardian Address: _____ <i>(If different than student)</i> STUDENT LIVES WITH: Yes No If No is there Parental Joint Custody: _____													
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PLEASE LIST ALL APPROPRIATE MEDICAL INFORMATION																	
ALLERGIES: i.e. Food, Medication, Environmental _____																	
MEDICATIONS: Taken on a Regular Basis _____																	
CHRONIC HEALTH CONDITION: i.e. Asthma, Diabetes, Epilepsy _____																	
HEALTH INSURANCE PROVIDER _____																	
<p style="text-align: center;">AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL <i>(In keeping with state law, an 18 year old may sign themselves out of school)</i></p> <p>There are occasions when students must leave school for reasons such as medical appointments or family matters. If it is not possible for the parent / guardian to approve this release, the parent / guardian may give approval for other individuals to "sign out" the student from school and/or provide transportation for the student. Parents / guardians are requested to plan for those occasions by listing below individuals such as other family members or neighbors who may be allowed to "sign out" or transport students. Only those individuals listed below will have the authority-NO EXCEPTIONS.</p> <p>I authorize Tri-Rivers Career Center to release my student to the following person(s). I understand this approval is done for the safety and convenience of my student and me, and that this list is to be KEPT CURRENT. I will contact Tri-Rivers with changes.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 35%;">APPROVED INDIVIDUALS</th> <th style="text-align: left; width: 20%;">PHONE</th> <th style="text-align: left; width: 45%;">RELATIONSHIP to STUDENT</th> </tr> </thead> <tbody> <tr> <td>_____ () _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ () _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ () _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ () _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			APPROVED INDIVIDUALS	PHONE	RELATIONSHIP to STUDENT	_____ () _____	_____	_____	_____ () _____	_____	_____	_____ () _____	_____	_____	_____ () _____	_____	_____
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_____ () _____	_____	_____															
_____ () _____	_____	_____															
_____ () _____	_____	_____															
_____ () _____	_____	_____															

CONSENT FOR EMERGENCY TREATMENT

AUTHORIZATION "A": In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration to my student of any treatment deemed necessary by :

Dr. _____-(Preferred Physician) Phone _____ Dr. _____(Preferred Dentist) Phone _____

OR in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and for the transfer of the student to Marion General Hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

By signing this form I also give my consent as guardian for the camper to filmed and used on media as a part of RAMTEC Ohio marketing and public relations.

Signature of Parent / Guardian _____ Date _____