

Tri-Rivers RAMTEC Vex Robotics Basics Camp Agenda

Location: Tri-Rivers RAMTEC Center Door B7

When: June 5th-7th **Times:** 9am - 3pm **Grades:** entering 6-12 **Cost:** \$40 if paid before June 1st

Robotic Kits provided - Lunch & T-shirt provided

Day 1 June 5th

9 am sign in Auditorium Entrance

- Safety, Terminology, Tools & Software
- Introduction to robot construction **Build RAMTECbot** Build in Students teams

Noon to 1 pm Lunch and activity

- 12:00 pm to 3pm programming robot
- **Mr. Smith Challenge**

3:00 adjourn

Day 2 June 6th

- 9:00 to 10:00 am **Mr. Pottkotter Challenge**
- Sensors Square course, gears, torque and Maze
- 11:am Introduce **New 2018 Vex game rules and introduction**

Noon to 1 pm Lunch and activity

- Students plan, design and redesign **2018 Vex Robot**
- Students start working on Engineering Notebook

3:00 adjourn

Day 3 June 7th

9 to noon **Vex Robotics Contest Building and testing**

- Students plan, design and redesign **2018 Vex Robot**
- Students work on Engineering Notebook
- Teams start building robots

Noon to 12:30 pm Vex World Contest previews

- 2018 Vex Contest and build robots

2:45 Students demonstrations Excellence Award, Design Award and Team challenge winner's awards.

3:00 adjourn

Name _____ School _____ Camper's 2018th Grade level _____

Shirt size (check one) 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,
Kristi Matlack – kmatlack@nu-district.org or Rob Smith - rob@istohio.com

** *The RAMTEC TRCC camp cost is \$45 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. My contact information; Ritch Ramey, cell (740) 360-8156 email: rramey@tririverscc.org*

Required to attend RAMTEC Vex Summer Camp

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

Student Information:
 Legal Name: _____ (Last) _____ (First) _____ (Program)
 _____ (Street Address) _____ Date of Birth: _____ (Month-Day-Year) _____ Gender: M F
 _____ (City) _____ (Zip) _____ (Home Phone)

Parent / Guardian Information:
 Relationship: _____
 Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent
 Name: _____
 1st Contact Phone Number: (____) _____
 2nd Contact Phone Number: (____) _____
 Work Phone Number: (____) _____
 Parent/ Guardian Address: _____
 (if different than student)
 STUDENT LIVES WITH: _____ Yes _____ No
 If No is there Parental Joint Custody: _____

Parent / Guardian Information:
 Relationship: _____
 Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent
 Name: _____
 1st Contact Phone Number: (____) _____
 2nd Contact Phone Number: (____) _____
 Work Phone Number: (____) _____
 Parent/ Guardian Address: _____
 (if different than student)
 STUDENT LIVES WITH: _____ Yes _____ No
 If No is there Parental Joint Custody: _____

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 _____

AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL
(In keeping with state law, an 18 year old may sign themselves out of school)
 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.
 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.

APPROVED INDIVIDUALS	PHONE	RELATIONSHIP to STUDENT
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

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".

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 Number _____

Dr. _____ (Preferred Dentist) Phone Number _____

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 be filmed and used on media as a part of RAMTEC Ohio marketing and public relations.

Signature of Parent / Guardian _____ Date _____