

Tri-Rivers RAMTEC Summer Robotics Camp

Location: Tri-Rivers RAMTEC Enter through Door B7



When: June 4th, 5th, 6th & 7th

Times: 10 am – 2:30 pm

Grades: Participants Entering 7th -12th

Cost: \$100 (\$80 if paid by May 22nd)

Lunch & Camp T-Shirt Provided

9:45am – 10 am sign in RAMTEC Ohio door B7

10 am to 2:30pm Camp Robotic Rotations and Presentations

Group Rotations

- Yaskawa Motoman Robotics operation
- FANUC Robotics operation
- NAO Humanoid Robot & Universal Collaborative Robot “Cobot”
- 3D Printing, CAD and Electronic Programmable Devices

Noon to 12:30 pm Lunch and Beverages provided Daily

Special Guest Presenter Each Day

Name _____

Home School _____ Grade level _____

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

Contact number _____ Email Address _____

* Contact information;

Holly Ramey Office (740) 389-8590

email: hramey@tririvers.com

Ritch Ramey cell (740) 360-8156

email: rramey@tririvers.com

Mark Edington Office 740-389-4681 ext.7199

email: Medington@tririvers.com

** The cost of the camp is \$80 if paid by May 22nd or \$100 if paid after May 22nd.

We are only accepting 40 participants - Checks can be made out to;

Tri-Rivers Career Center

:Ritch Ramey

2222 Marion-Mt. Gilead Road

Marion, Oh 43302

TRCC Emergency Medical form is required to be able to attend RAMTEC Robotics Summer Camp

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:	Parent / Guardian Information:	
Relationship: _____ Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent	Relationship: _____ Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent	
Name: _____	Name: _____	
1 st Contact Phone Number: (____) _____	1 st Contact Phone Number: (____) _____	
2 nd Contact Phone Number: (____) _____	2 nd Contact Phone Number: (____) _____	
Work Phone Number: (____) _____	Work Phone Number: (____) _____	
Parent/ Guardian Address: _____ (If different than student)	Parent/Guardian Address: _____ (If different than student)	
STUDENT LIVES WITH: _____ Yes _____ No	STUDENT LIVES WITH: _____ Yes _____ No	
If No is there Parental Joint Custody: _____	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 <i>(In keeping with state law, an 18 year old may sign themselves out of school)</i>		
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 . <u>I will contact Tri-Rivers with changes.</u>		
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 filmed and used on media is a part of RAMTEC Ohio marketing and public relations. Special Needs services are not available.

Signature of Parent / Guardian _____

Date _____