

Vex Robotic Camp Application

Camp

RAMTEC Tri-Rivers Career Center June 8th through 10th

Day 1 June 8th

8 AM to 8:30 sign in and breakfast

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

Noon to 1 pm Lunch and activity

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

3:00 Students demonstrations

3:30 adjourn

Day 2 June 9th

8:30 sign in and breakfast

- 8:30 to 10:00 am **Mr. Robinson Challenge II**
- Sensors Square course, gears, torque and Maze
- 11:am **Introduce New 2015 Vex rules and introduction**

Noon to 1 pm Lunch and activity

- 12:00 pm to 3pm Team building of Sky Rise
- Students plan, design and redesign **2015 Vex Robot**
- Students start working on Engineering Notebook
- Teams start building robots 3:00 Students demonstrations

3:30 adjourn

Day 3 June 10th

8:00 sign in and breakfast

8:00 to noon **Sky Rise Vex Robotics Contest Building and testing**

- Students plan, design and redesign **2015Vex Robot**
- Students work on Engineering Notebook
- Teams start building robots

Noon to 12:30 pm Vex World Contest previews

- Sky Rise test and build robots

3:00 Students demonstrations Excellence Award, Design Award and Team challenge winners awards.

3:30 adjourn

Ohio State Fair Free Demonstration Camp

July 31st

10:00 Build and Program Robot

August 1st

9:00 Practice and Qualifying Rounds

Noon Tournament

Awards; Excellence, Design, Innovation and Team Challenge winners.

Students will receive free tickets to fair, t-shirt and lunch each day. Any school that brings their coach and 4 members will receive a free robot for their school.

Name _____ School _____ 2013 Grade level _____ Shirt size ____

Summer contact phone number _____ Contact's Email Address _____

**** The RAMTEC TRCC Camp is free to students attending the Tri-Rivers Career Center Engineering program for the fall of 2015. The cost of the camp is \$30 for non-students if paid by June 6th or \$50 if paid after June 6th. 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 TRCC/MTC 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 (Circle)
_____ (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 (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.

Signature of Parent / Guardian _____ Date _____