

# Tri-Rivers RAMTEC Advanced Vex Robotics Camp Agenda

**Location:** Tri-Rivers RAMTEC Center Door B7

**When:** June 6<sup>th</sup>-8<sup>th</sup>    **Times:** 9am - 3pm    **Grades:** 8-12    **Cost:** \$40

Lunch & T-shirt provided

## Day 1 June 6<sup>th</sup>

9 am sign in and breakfast in RAMTEC Ohio door B7

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

Noon to 1 pm Lunch and activity

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

## Day 2 June 8<sup>th</sup>

9:00 to 10:00 am    **Mr. Robinson Programming Challenge**

- Review Sensors, programming and pneumatics
- Build and compete in Programming Challenge I

Noon to 1 pm Lunch and activity

- 12:00 pm to 3pm Team work on program
- Build and compete in Programming Challenge II
- Work on Engineering Notebook

## Day 3 June 9<sup>th</sup>

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

- Compete In 2017 Vex Programming Skills contest

Noon to 12:30 pm Vex World Contest previews

- Compete In 2017 Vex Robot Skills contest
- Complete Engineering Notebooks

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

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,  
Mark Robinson - mrobinson@mcspsresident.org or Rob Smith - rob@istohio.com

\*\* *The cost of the camp is \$40 for non-students if paid by June 6<sup>th</sup> or \$60 if paid after June 6<sup>th</sup>. 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  
(Circle)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Home Phone)

**Parent / Guardian Information:**

Relationship: \_\_\_\_\_  
Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent

Name: \_\_\_\_\_

1<sup>st</sup> Contact Phone Number : (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_

1<sup>st</sup> Contact Phone Number : (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> 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
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

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

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_