

# Tri-Rivers RAMTEC Fall Robotics Camp

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

**When:** November 22<sup>nd</sup> **Times:** 10 am – 2:30 pm **Grades:** 6 -10 **Cost:** \$20

***Pizza Lunch & T-shirt provided***

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

10 am

Group Rotations

- Yaskawa Motoman Robotics operation
- FANUC Robotics operation
- NAO Humanoid Robot
- Universal Robot
- 3D Printing

Noon to 12:30 pm Lunch - Pizza, Chips and Beverages provided

Raspberry Pi, Makey Makey and Arduino Demos

Group Rotations

- Yaskawa Motoman Robotics operation
- FANUC Robotics operation
- NAO Humanoid Robot
- Universal Robot
- 3D Printing

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](mailto:hramey@tririvers.com)

Ritch Ramey cell (740) 360-8156

email: [rramey@tririvers.com](mailto:rramey@tririvers.com)

Mark Edington Office 740-389-4681 ext.7199

email: [Medington@tririvers.com](mailto:Medington@tririvers.com)

\*\* *The cost of the camp is \$20 if paid by November 12th or \$25 if paid after November 12<sup>th</sup>.*

**We are only accepting 50 participants - Checks can be made out to;**

***Tri-Rivers Career Center***

***:Ritch Ramey***

***2222 Marion-Mt. Gilead Road***

***Marion, Oh 43302***

**Required to attend RAMTEC Vex Fall Camp**

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

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<b>Student Information:</b>		
Legal Name: _____ (Last) _____ (First) _____ (Program)		
_____ (Street Address)		Date of Birth: _____ (Month-Day-Year) Gender: M F (Circle)
_____ (City)	_____ (Zip)	_____ (Home Phone)
<b>Parent / Guardian Information:</b>	<b>Parent / Guardian Information:</b>	
Relationship: _____ Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent	Relationship: _____ Ex: Father / Mother / Grandparent / Aunt / Guardian / Foster Parent	
Name: _____	Name: _____	
1 <sup>st</sup> Contact Phone Number : (_____) _____	1 <sup>st</sup> Contact Phone Number : (_____) _____	
2 <sup>nd</sup> Contact Phone Number: (_____) _____	2 <sup>nd</sup> 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: _____	
<b>PLEASE LIST ALL APPROPRIATE MEDICAL INFORMATION</b>		
ALLERGIES: i.e. Food, Medication, Environmental _____		
MEDICATIONS: Taken on a Regular Basis _____		
CHRONIC HEALTH CONDITION: i.e. Asthma, Diabetes, Epilepsy _____		
HEALTH INSURANCE PROVIDER _____		
<b>AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL</b> (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- <b>NO EXCEPTIONS.</b>		
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 <b>KEPT CURRENT. I will contact Tri-Rivers with changes.</b>		
<b>APPROVED INDIVIDUALS</b>	<b>PHONE</b>	<b>RELATIONSHIP to STUDENT</b>
_____	(_____) _____	_____
_____	(_____) _____	_____
_____	(_____) _____	_____
_____	(_____) _____	_____

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 \_\_\_\_\_