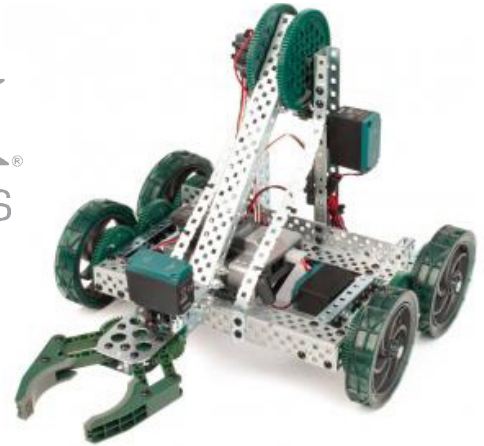


Portage Lakes Career Center



VEX
ROBOTICS
Camp



July 16 - 19, 2018

BEGINNER/ADVANCED CAMP

Who: Students entering 6-9th grades
When: July 16- 19
Time: 9:00 am - 3:00 pm
Where: PLCC • 4401 Shriver Rd., • Uniontown
Camp Fee: \$50 (includes t-shirt & lunch)

Camp limited to the first 24 registrants.

Registration Deadline: July 9

For More Information Contact Us At:
330-896-8200 or khaubert@plcc.edu



Portage Lakes | Career Center

2018 VEX Summer Camp Registration Form

Student Name _____ School _____ Grade _____ Shirt Size (adult) _____

Parent _____ Daytime Phone _____ Evening Phone _____

Email _____

Dietary Allergies or Restrictions: _____

** The attached Emergency Medical & Photo Release Forms must be completed and returned with the registration form.

Enclosed is my Nonrefundable Camp Fee. Please make checks payable to **Portage Lakes Career Center**.

Please return to : VEX Summer Camp, c/o PLCC, 4401 Shriver Rd., Uniontown, OH, 44685

VEX Robotics Camp Info.

This four day camp will combine skills and activities for both the beginner and advanced Robotics Camper.

WHAT VEX ROBOTICS CAMP WILL COVER

- Safety, Terminology, Tools & Robotic Software
- Intro to Robot Construction
- How to Build a RAMTECbot
- How to Program a Robot
- Robot Sensors and Pneumatics
- Robot Challenges
- How to Navigate a Maze Course, Gears & Torque
- Team Building
- Development of an Engineering Notebook
- VEX Robotics Contest
- VEX World Contest Previews
- Student Demonstrations

OTHER IMPORTANT CAMP INFORMATION

- Camp will start at 9 am and conclude at 3 pm each day
 - Camp fee includes snack breaks, lunch and a t-shirt
 - Students are welcome to bring their own water bottles to refill during the day
 - Awards & Prizes will be given out on the last day of camp
-

Please complete the Camp Registration Form on the Reverse Side & Return to PLCC Along With Camp Fee, Emergency Medical and Photo Release Forms.

**PORTAGE LAKES CAREER CENTER
EMERGENCY MEDICAL AUTHORIZATION**

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parents or guardians cannot be reached.

Student _____ Home Telephone No. _____
Address _____ Birthdate _____
_____ Home School _____
City & Zip _____ Program _____
Parent E-mail Address _____ Grade _____

Residential Parent or Guardian
Mother _____ Day/Work/Cell Phone# _____
Father _____ Day/Work/Cell Phone# _____
Other Name _____ Day/WorkCell Phone# _____
Name of Another Relative or Childcare Provider _____
Address _____ Phone # _____
_____ Relationship _____

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor _____ Phone# _____
Dentist _____ Phone# _____
Med. Specialist _____ Phone# _____
Hospital _____ Phone# _____

Please Complete Part I or Part II – Not Both

PART I – TO GRANT CONSENT

In the event the designated practitioner is not available, by another licensed physician or dentist; and (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted (NOTE: To insure the student’s safety, information noted here may be shared with school faculty and staff.) *If a chronic health condition applies, please fill out the reverse side of this form:* _____

Date _____ Parent or Guardian Signature _____
Address _____

PART II – REFUSAL TO CONSENT (SIGN THIS SECTION ONLY IF REFUSING TO GRANT EMERGENCY MEDICAL ATTENTION.)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Date _____ Parent or Guardian Signature _____
Address _____

PORTAGE LAKES CAREER CENTER

PHOTO/ VIDEO/ ELECTRONIC IMAGE CONSENT AND RELEASE

We the undersigned, (student and parent/ guardian if a minor), hereby grant Portage Lakes Career Center permission to use my photograph, video footage, or electronic image in any way it sees appropriate to promote the school and its programs without exceptions, now and in the future.

Furthermore, I release Portage Lakes Career Center from any future liability or compensation claims associated with the use of said photographs/videos/electronic images.

Program VEX ROBOTICS CAMP

Student Name _____

Student's Signature _____

Date _____

Parent/ Guardian Signature _____

Date _____

(if student is under 18 yrs of age)

Please DO NOT use my child's image for promotional purposes.



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