2016 SUMMER CAMPS  
A Career Development Program

WHO: Students entering grades 5 through 10 for the 2016-2017 school year, choose camps from Week 1 and/or Week 2.

WHEN:  
Week 1: Monday, June 6 through Friday, June 10, 2016  
Week 2: Monday, June 13 through Friday, June 17, 2016  
Time: 8:00 a.m. to 3:00 p.m. (Supervised 7 a.m. drop-off will be available)

WHERE: Camps are held at:  
Cuyahoga Valley Career Center  
8001 Brecksville Road  
Brecksville, OH 44141  
Parents are responsible for transportation to and from Cuyahoga Valley Career Center. Bus transportation will be provided to and from scheduled field trips.

HOW: Complete registration information. Camp size is limited, so register early.

<table>
<thead>
<tr>
<th>Online</th>
<th>Mail-in</th>
<th>In-person</th>
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</thead>
</table>
| • Visit www.cvccworks.edu  
• Credit card payments only | • Packets can be downloaded at www.cvccworks.edu/CAREERCAMPS.aspx  
• Complete and sign all forms.  
• Return forms and fee to: Nanci Coleman at CVCC | • Come to CVCC during regular business hours  
• Complete and sign all forms and include fee |

REFUND POLICY: A written request is required for all cancellations. For requests received more than one week prior to camp, a full refund, less a $20 processing fee, will be issued. If the request is received less than one week prior to camp, the refund will be equal to 50% camp fee, less the $20 processing fee. No refund will be issued once camp has begun.

WHAT: Students will participate in a variety of fun and interactive activities designed to build skills and enhance their awareness of camp-related careers.

FEES:  
☐ $195.00 (Students residing in Brecksville-Broadview Hts., Cuyahoga Hts., Garfield Hts., Independence, Nordonia Hills, North Royalton, Revere, or Twinsburg districts)  
☐ $205.00 (Out-of-district students)  
☐ Early Bird Discount – Register by March 31, 2016 and save $15.00!  
☐ Sibling Discount – Register 2 children and save $10.00!

Fees Include: Beverages & mid-morning snack, speakers & field trips (if applicable), all materials and supplies, and camp t-shirt. Camper must bring packed lunch.
One registration form per student (additional forms can be found at [www.cvccworks.edu/CAREERCAMPS.aspx](http://www.cvccworks.edu/CAREERCAMPS.aspx))

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### Cuyahoga Valley Career Center

### Summer Camp 2016 Registration Form

- **Yes**, I would like my child to attend the ________________Summer Camp
  - **June 6 - June 10, 2016** at CVCC (second choice of camp: ________________)

- **Yes**, I would like my child to attend the ________________Summer Camp
  - **June 13 - June 17, 2016** at CVCC (second choice of camp: ________________)

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Name of School</th>
<th>School District</th>
</tr>
</thead>
</table>

**Grade Entering (2016-17 school year):**

**Email Address of PARENT**

(Confirmation will be sent via email when possible):

### PERMISSION TO TRAVEL ON FIELD TRIP

I grant permission for my child, _____________________________ to travel to field trip sites under the supervision of the camp counselors and/or Career Development staff, if applicable.

### SPECIAL CONSIDERATIONS

- **Yes**, my child requires the following special consideration ____________________________.
- **No**, my child does not require any special consideration.

### VERIFICATION AND RELEASE STATEMENT

In signing this form, I verify that to the best of my knowledge, all information provided is true, accurate, and complete. I understand that misconduct by my child will not be condoned and will result in my child being sent home. I represent that I have legal capacity to act for and on behalf of the minor named herein.

I understand that I must provide transportation for my child to and from Cuyahoga Valley Career Center.

### Parent/Guardian Signature: ___________________________ Student Signature: ___________________________

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Complete and return this form to:

Cuyahoga Valley Career Center  
Attn: Nanci Coleman  
8001 Brecksville Road  
Brecksville, OH 44141

I am including the following fee(s): (Make checks payable to CVCC.)

<table>
<thead>
<tr>
<th>In-District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity (1 or 2 weeks)</td>
<td>$195.00 = $________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity (1 or 2 weeks)</td>
<td>$205.00 = $________</td>
</tr>
</tbody>
</table>

Less Early Bird Discount (less $15.00 per camp, must be postmarked by March 31, 2016)

- $________

Less Sibling Discount (less $5.00 per camp, per child - include on each registration form.)

- $________

Total Enclosed

$________

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PLEASE COMPLETE EMERGENCY MEDICAL INFORMATION FORM AND RELEASE FORMS. ALL FORMS MUST BE COMPLETED AND SUBMITTED PRIOR TO CHILD ATTENDING CAMP.
**EMERGENCY MEDICAL AUTHORIZATION**

**GRANT CONSENT**

In a medical emergency, Emergency Contact will be notified, if life-threatening, 911 will also be called.

<table>
<thead>
<tr>
<th>Family Doctor:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dentist:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Preferred Hospital*:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

*Decision regarding which hospital to transport a patient is ultimately that of the emergency personnel. The Parent or Guardian accepts any financial responsibility.

Facts concerning the child’s medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted:

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**EMERGENCY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Emergency Contact Name (print):</th>
<th>Phone #1:</th>
<th>Phone #2:</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Emergency Contact Name (print):</td>
<td>Phone #1:</td>
<td>Phone #2:</td>
<td>Relationship</td>
</tr>
<tr>
<td>3rd Emergency Contact Name (print):</td>
<td>Phone #1:</td>
<td>Phone #2:</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for emergency medical care at the discretion of Cuyahoga Valley Career Center.

<table>
<thead>
<tr>
<th>Printed Name of Parent/Guardian</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Parent/Guardian:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**REFUSAL TO CONSENT**

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 the following action:

| Signature of Parent/Guardian: | Date: |
**WAIVER AND RELEASE OF LIABILITY**

In registering my child to participate in CVCC’s Summer Career Camps, I acknowledge there may be risks and hazards involved and waive all rights and claims to injury, person and/or property at Cuyahoga Valley Career Center. I understand that misconduct by my child will not be condoned and will result in my child being sent home.

I understand that I must provide transportation for my child to and from CVCC.

I am aware that camps conclude at **3:00 PM** and that campers must leave the premises by **3:15**.

By signing this Release, I certify that I have read and fully understand the above conditions and represent that I have legal capacity and authority to act for and on behalf of the minor registered for camp.

<table>
<thead>
<tr>
<th>Student’s Name (print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Signature:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian’s Name (print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian’s Signature:</td>
<td></td>
</tr>
</tbody>
</table>

Relationship to student:
Photo/Image Release Permission

CUYAHOGA VALLEY CAREER CENTER

Student's Name: ___________________________ Date of Birth: ________________
Home Address: ___________________________________________________________
Telephone Number: _______________________________________________________
Home School District: ___________________________ Grade: ________
CVCC Camp Enrolled In: ___________________________________________________

FOR PUBLICATION, WEB SITE POSTING, ELECTRONIC TRANSMISSION
& DIGITAL IMAGE

I authorize the Cuyahoga Valley Career Center (CVCC) Board of Education, its officials, employees, agents, etc., to consider a picture of this student as “directory information” and to utilize, release, and/or publish this student’s picture. Use of published photo will be limited to school-related purposes.

Furthermore, I grant permission for CVCC to electronically transmit this student’s picture/class work to be used in any or all of the following methods: CVCC’s Web site, video-conferencing sessions, CVCC intranet, digital videography projects and/or school-related web cams (identification, if any, would be limited to first name only as per board policy). Use of posting on the Internet will be limited to school-related purposes. (Typical uses include student awards and recognition and participation in student activities.) If student is age 18 or over, only the student needs to sign the form, parent does not. If under 18, signatures are needed from BOTH student and parent/legal guardian.

CHECK YES OR NO.

☐ YES, I grant permission.
☐ NO, I do NOT grant permission.

Student Signature ______________ Parent/Guardian Signature ______________ Date ______________

*******************************************************************************

Image will be used on a perpetual basis.