



2010 SUMMER CAREER CAMPS

A Career Development Program

FOR

WHOM: Students enrolled in grades 7, 8, & 9 grades for the 2009-2010 school year

WHEN:

First Week: Monday, June 14, through Friday, June 18, 2010

Second Week: Monday, June 21, through Friday, June 25, 2010

Time (both weeks): 8:00 a.m. to 2:00 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.

On the last day of camp (Friday, June 18 & 25) lunch will be provided to all participants, where campers' work will be displayed. *Parents are invited to attend for an additional fee.* Campers will be allowed to leave at the conclusion, approximately 1:00. Parents are invited to attend a **free** session on those days from 11:00-12:00 on career options available to your children in high school and beyond.

HOW:

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

On-line	Mail-in
<ul style="list-style-type: none">• Visit www.cvccworks.com• Credit card payments only	<ul style="list-style-type: none">• Packets are available from your school's office or at www.cvccworks.com.• Complete and sign all forms.• Return forms and fee, if applicable, to Mindy Jencson at CVCC (address above).
Confirmation and details about the camp will be e-mailed, when possible. Full refund will be given upon written request postmarked by June 4, 2010 , less a \$10.00 processing fee.	

WHAT:

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

FEES:

- \$135.00 (Students residing in Brecksville-Broadview Hts., Cuyahoga Hts., Garfield Hts., Independence, Nardon Hills, North Royalton, Revere, or Twinsburg districts)
- \$175.00 (out-of-district students; will be placed on wait-list and notified by 5/7/10 if space is available)
- **Early Bird Discount** - Register by April 30, 2010 and save \$10.00!

Fees Include: Beverages & mid-morning snack, speakers & field trips (if applicable), all materials and supplies, catered luncheon on Friday, & camp t-shirt

*A limited number of scholarships, based on financial need, are available to district residents. Eligibility requirements and applications are available at www.cvccworks.com. Scholarship applications must be **mailed** in with registration packet by **4/1/10**.

One registration form per student (additional forms can be found at www.cvccworks.com)

Cuyahoga Valley Career Center Summer Career Camp 2010 Registration Form

- Yes, I would like my child to attend the _____ Summer Camp
June 14 - June 18, 2010 at CVCC (second choice of camp: _____)
- Yes, I would like my child to attend the _____ Summer Camp
June 21 - June 25, 2010 at CVCC (second choice of camp: _____)
- I plan to attend the **free** parent information session on
 Friday, June 18 from 11:00-12:00 or Friday, June 25 from 11:00-12:00

STUDENT INFORMATION

Last Name:	First Name:	Age:
Address:	City/State:	Zip:
Telephone:	Name of School:	School District:
Grade (2009-10 school year):	E-Mail Address of Parent (Confirmation will be sent via e-mail when possible):	

T-shirt size (adult sizes - if size not selected, large will be given): SM M L X-L

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

- My child requires the following special consideration _____.
- 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 tolerated 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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**REGISTRATION DEADLINE:
June 4, 2010**

Complete and return this form to:
Cuyahoga Valley Career Center
Attn: Mindy Jencson
8001 Brecksville Road
Brecksville, OH 44141

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

Camp Registration:

Quantity (1 or 2 weeks) _____ @ \$135.00 = \$ _____

Less Early Bird Discount (less \$10.00 per camp, must be postmarked by **April 30, 2010**) - \$ _____

Out-of-District (contingent upon available space)

Quantity (1 or 2 weeks) _____ @ \$175.00 = \$ _____

Total Enclosed \$ _____

Scholarship Application Enclosed, no fee submitted

For automated information or to leave a voicemail about the camps, please call (440) 746-8115. FAQs will be updated on our website: www.cvccworks.com.

PLEASE COMPLETE EMERGENCY MEDICAL INFORMATION FORM AND RELEASE FORMS.

WITHOUT A SIGNED RELEASE THE STUDENT WILL NOT BE ALLOWED TO USE ANY EQUIPMENT.

EMERGENCY MEDICAL AUTHORIZATION GRANT CONSENT

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

Family Doctor:	Phone:
Family Dentist:	Phone:
Preferred Hospital:	Phone:

If a specific hospital is designated other than ones served by the local emergency service unit, the Parent or Guardian will accept 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:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (print):	Phone #1:	Phone #2:	Relationship
2nd Emergency Contact Name (print):	Phone #1:	Phone #2:	Relationship
3rd Emergency Contact Name (print):	Phone #1:	Phone #2:	Relationship

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.

Printed Name of Parent/Guardian	Relationship
Signature of Parent/Guardian:	Date:

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

WHEREAS, the undersigned voluntarily desires to participate in the _____
(name of camp) Summer Career Camp being offered at Cuyahoga Valley Career Center, 8001
Brecksville Road, Brecksville, Ohio 44141, from June 14 through June 18, 2010 and/or June 21
through June 25, 2010.

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through
participation in said activity and that participation in said activity has serious risks, including risk
of loss of life and/or limb and/or property of the undersigned.

WHEREAS, the undersigned being knowledgeable that risks are involved in said Camp and being
willing to waive all rights or claims to injury, person and/or property at Cuyahoga Valley Career
Center.

**WHEREAS, the undersigned is aware that the camps conclude at 2:00 p.m., that supervision
of the campers is not provided after 2:15 p.m., and that campers must leave the premises
by 2:15 p.m.**

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational and other
benefits therefrom; the undersigned hereby voluntarily assumes all risks of accident or personal
damage to his/her person or property, and hereby releases Cuyahoga Valley Career Center, its
agents and employees, from every claim, liability or demand of any kind sustained, whether caused
by negligence of the said Cuyahoga Valley Career Center, its agents or employees, or otherwise.
This Release shall be binding upon any heirs, administrators, executors and assigns of the
undersigned.

**In addition, the undersigned agrees to have their child picked up no later than 2:15
p.m.**

The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully
understands the conditions herein provided. I represent that I have legal capacity and authority
to act for and on behalf of the minor named herein.

Student's Name (print):	Date:
Student's Signature:	
Guardian's Name (print):	Date:
Guardian's Signature:	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.