## CTE Middle School Summer Camp Application

**Automotive   Health Services    Farm to Fork      Digital Art & Design    Drones & Robotics**

**Emergency Services     Computer/ Marketing/ Business     Culinary     Woods**

<table>
<thead>
<tr>
<th>Cost:</th>
<th>FREE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purpose of camp:</th>
<th><strong>CTE – Roadmap to Success</strong> is an immersive and unique summer program that will engage students in one of 6 different content strands intentionally designed for their connection to existing and planned CTE programs in SKSD and in response to the strength and projected growth in high-wage, high-demand jobs in our region. Current HS and MS teachers will operate our camps to highlight the career pathways students can enter at the high school level.</th>
</tr>
</thead>
</table>

| Requirements for camp: | 1. Fall Grade Level 6th to 8th (MS)  
2. Must be able to attend every day of camp  
3. Must be ready to have fun and learn! |
|-----------------------|-----------------------------------------------|

| Directions: | Submit the following documentation (in one complete packet) Registration Opens on April 12th at 6PM Application Deadline is May 4th at 4PM or when camps fill. 
1. Application – Online via District Website or Paper Copy  
2. Parental Consent Form  
3. Media Consent  
4. Field Trip Permission |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Submit to: **Adriana Gabriel Morales**  
CTEC  
3501 Portland Road, NE  
Salem, OR 97301  
(503)399-1990  
gabrielmorales_adriana@salkeiz.k12.or.us

**Lori Chamberlain**  
CTEC  
3501 Portland Road, NE  
Salem, OR 97301  
(503) 399-1990  
chamberlain_lori@salkeiz.k12.or.us

<table>
<thead>
<tr>
<th>Camp Registration</th>
<th>After review of the applications for completeness, the first students to successfully apply will be invited to participate in the camp. A waiting list will be established in the case of additional openings.</th>
</tr>
</thead>
</table>

Please keep these pages for your information
<table>
<thead>
<tr>
<th>Camp Name</th>
<th>LOCATION</th>
<th>GRADE</th>
<th>TIME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services</td>
<td>Sprague HS</td>
<td>6-8</td>
<td>9AM-3PM</td>
<td>7/23-7/27</td>
</tr>
<tr>
<td>Automotive</td>
<td>McNary HS</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>7/7-7/9</td>
</tr>
<tr>
<td>Farm to Fork</td>
<td>McKay HS RM 124 &amp; 109</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>6/25-6/29</td>
</tr>
<tr>
<td>Digital Art &amp; Design</td>
<td>McNary HS</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>6/18-6/23</td>
</tr>
<tr>
<td>Woods</td>
<td>North HS</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>6/18-6/27</td>
</tr>
<tr>
<td>Drones &amp; Robotics</td>
<td>CTEC</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>6/18-6/23</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>West HS A115 &amp; Drill Tower</td>
<td>6-8</td>
<td>9AM-4PM</td>
<td>6/25-6/29</td>
</tr>
<tr>
<td>Lego Robotics &amp; Programming</td>
<td>Judson MS</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>7/30-8/3</td>
</tr>
<tr>
<td>Culinary</td>
<td>South HS RM 128</td>
<td>6-8</td>
<td>8AM-3PM</td>
<td>6/25-6/29</td>
</tr>
</tbody>
</table>

**Drop off/ Pick up**  Students shall arrive no earlier than 15 minutes prior to the start of class and shall be picked up no later than 15 minutes after class ends.

**Transportation:** Cherriots bus passes will be provided upon request.

**Food:** Breakfast, Lunch and Snacks will be provided. If there are any dietary concerns, restrictions, or requests please be sure to note them on the application.

**Field Trips:** Most programs will include one or more field trips to industry locations, other schools or post-secondary education sites.

**Attire:**
- School Appropriate Dress
- Close-toed Shoes Ex: Sneakers (No Flip Flops or Sandals)
- No tank tops or short shorts will be allowed

**Questions?  Contact the Program Coordinator**

Automotive – Mike Melting  E-mail: melting_Michael@salkeiz.k12.or.us
Health Services – Kimo Mahi  E-mail: mahi_kimo@salkeiz.k12.or.u
Farm to Fork – Gerald Hosler  E-mail: hosler_gerald@salkeiz.k12.or.us
Digital Art & Design – Jason Heimerdinger  E-mail: heimerdinger_Jason@salkeiz.k12.or.us
Woods- Andy Chidwick  E-mail: chidwick_andrew@salkeiz.k12.or.us
Drones & Robotics – RJ Hampton  E-mail: hampton_Ronnie@salkeiz.k12.or.us
Emergency Services – Jennifer Stainslaw  E-mail: stainslaw_jennifer@salkeiz.k12.or.us
Lego Robotics & Programing – Jay Dunn  E-mail: dunn_jay@salkeiz.k12.or.us
Culinary – Laura Hofer  E-mail: hofer_laura@salkeiz.k12.or.us

Please keep these pages for your information
CTE Summer Camps 2018

You are limited to one option – If we have additional spots available when registration closes, please indicate your choice by circling the 2nd choice line next to the camp name.

☐ Middle School (6th to 8th in fall)                        ☐ I would like a bus pass for transportation
☐ Farm to Fork                                           2nd Choice
☐ Drones & Robotics                                      2nd Choice
☐ Emergency Services                                     2nd Choice
☐ Computer/ Marketing/ Business                          2nd Choice
☐ Culinary                                               2nd Choice

☐ Health Services                                        2nd Choice
☐ Digital Art & Design                                    2nd Choice
☐ Woods                                                  2nd Choice
☐ Automotive                                              2nd Choice

APPLICANT INFORMATION

Name:                                                     Fall grade level:
Date of birth:                                            Phone:
Current address:
City:                                                      State:                     ZIP Code:
Current School:                                          Student ID #:

PARENT INFORMATION

Name:
Address (if different from above):
City:                                                      State:                     ZIP Code:
Phone:                                                    Email address:

EMERGENCY CONTACT

Name:
Address:                                                 Phone:
City:                                                     State:                     ZIP Code:
Relationship:

SIZING INFORMATION (PANT SIZE & SHOE SIZE FOR EMERGENCY SERVICES ONLY)
Please specify if Youth or Adult sizing

Shirt Size:                                                Pant Size:                                Shoe Size:

MISCELLANEOUS

List any Special dietary needs, Medical Conditions or Medications you may take during camp hours:

Submit Application to:
Adriana Gabriel Morales- CTEC- 3501 Portland Road, NE- Salem OR 97301
Phone: (503)399-1990    E-mail: gabrielmorales_adriana@salkeiz.k12.or.us

Lori Chamberlain – CTEC – 3501 Portland Road, NE – Salem, OR 97301
Phone: (503) 399-1990   E-mail: chamberlain_lori@salkeiz.k12.or.us
MEDIA CONSENT FORM AND RELEASE FOR SCHOOLS

School ___________________________                                       Date ___________________________

I hereby consent to have ______________________________________________________
(relation, full name, date of birth)
photographed, videotaped, audio taped or interviewed when school is in session or when my
child is under the supervision of the district. I understand in the course of the above described activities
that the district might like to celebrate my child’s accomplishments and work.

I also consent to the district’s use of my child's name, photograph or likeness, voice or creative work(s) on
the Internet or on a CD or any other electronic/digital media, print media and news media.

I agree to release and hold harmless Salem-Keizer Public Schools, its members, trustees, agents,
officers, contractors, volunteers and employees from and against any and all claims, demands, actions,
complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use
of my child's name, photograph or likeness, voice or creative work(s),on television, radio or motion
pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in any form, including
reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs,
agents, or assigns at any time because of my child's participation in any of the above activities or the
above-described use of my child's name, photograph or likeness, voice or creative work(s).

_________________________________________________
Signature of Parent or Guardian

Parent Permission for School Trip

I am the parent/guardian of the above named student. In order for my child to take part in and receive advantages of
a program planned and sponsored by Salem School District 24J, Marion County, Oregon, I give permission for
Salem-Keizer Public Schools to transport my child.

I also authorize School District 24J and its employees to secure the services of a physician or hospital and to incur
the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these
costs.

_______________________________________   ______________
Parent or Legal Guardian   (Print Name)     Date
__________________________________          Emergency Phone #  ______________________
Signature
RELEASE OF LIABILITY to Participate in the CTE Summer Camp
Summer 2018

In consideration of being permitted to participate in the CTE Summer Camp, and participate in all physical practical skills, including, but not limited to, handling and/or operating hand tools and equipment used in the fire and emergency medical services, manufacturing, automotive and digital filmmaking camps. I release Salem-Keizer Public Schools, all administrators, teachers, and any others responsible for the oversight of the CTE Summer Camp (collectively Released Parties) from any and all liability, claims, demands, actions and claims for relief arising out of or related to any loss, damage or injury, including death, to persons or property that may be sustained while engaging in activities of the CTE Summer Camp, whether caused by negligence of the Released Parties in supervising, designing, monitoring, maintaining equipment, or the use thereof, or otherwise.

I understand that the CTE Summer Camp involves risk of injury or illness resulting from participating in the practical skills, and following directions of the Camp staff is essential. With all activities involving physical practical skills, including, but not limited to, handling and/or operating hand tools and equipment used in the fire and emergency medical services, manufacturing, automotive and digital filmmaking, there are inherent risks of injury. The CTE Summer Camp is no exception and entails risks, such as swelling, sprains, strains, bruises, cuts, and other bodily injury. I voluntarily assume all of these risks.

I acknowledge that I am solely responsible for determining my or my child’s or ward’s physical ability to engage in the activities that constitute the CTE Summer Camp, and that I am free to withdraw my child or ward from further participation at any time.

This release will be binding upon my respective heirs, next of kin, executors, administrators and personal representatives and will remain in effect unless revoked in writing, and if so revoked, I will not thereafter participate in the CTE Summer Camp.

By my initials below, I approve my student’s participation in the following activities:

<table>
<thead>
<tr>
<th>Initials</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Under close supervision of professionals may handle and/or operate hand tools and equipment - All Camps</td>
</tr>
<tr>
<td>2.</td>
<td>Under close supervision of professionals may operate a fire extinguisher on a small live fire prop – Emergency Services</td>
</tr>
<tr>
<td>3.</td>
<td>Act as simulated patient during physical assessment skills by another student – Emergency Services, Health Services</td>
</tr>
<tr>
<td>4.</td>
<td>Practice and act as simulated patient during lifting and moving practice utilizing proper body mechanics taught by instructors – Emergency Services, Health Services</td>
</tr>
</tbody>
</table>
By signing this release, I acknowledge that I:

1. have read this agreement completely, and I understand that this agreement releases the Released Parties from liability for which they may otherwise have been legally responsible;
2. have signed this agreement voluntarily: Release of Liability to Participate in the CTE Summer Camp
3. am authorized as parent or guardian, to execute this agreement on behalf of my child or ward. (If signing for a minor, the signor will cause the minor to follow all of the terms of this agreement.);
4. will indemnify and hold harmless the Released Parties from any claim which may be asserted or filed by or on behalf of the undersigned contrary to the provisions of this agreement;
5. will follow all safety rules and procedures in effect for participation in the CTE Summer Camp; and
6. will not engage in any activity if there are any questions as to how to do so safely or properly.
7. By signing below, authorization is given for the administration of first aid when necessary and the contact of any licensed physician acceptable to the school district in an emergency.

___________________________________   _________________________ __________ 
S i g n a t u r e  o f  P a r e n t  o r  G u a r d i a n     D a t e 

____________________________________   ________________________ ___________ 
N a m e  o f  P a r e n t  o r  G u a r d i a n (P l e a s e  P r i n t)    N a m e  o f  P a r t i c i p a n t  (P l e a s e  P r i n t)