

Permission to Participate in Field Trips

The above student is eligible to participate in all Exploration Academy sponsored activity requiring transportation to a location away from the school grounds. The activities will take place under the guidance and supervision of employees from Vinal Technical High School. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

Media Permission/Release

I do hereby authorize and give consent to the Connecticut Technical High School System to publish my child's photographic or video image in the system or school newsletters, in the Connecticut Technical High School System's Program of Studies and/or related printed, electronic and/or video publications, including those published to the Connecticut Technical High School System's official website. I have been assured, and it is my understanding, that my child's photographic or video image shall be used for the Connecticut Technical High School System's informational and publicity activities and shall not be used for any commercial purposes whatsoever. I do hereby waive any claim for compensation for the use of my child's photographic/video image. I do hereby agree that this release is valid until expressly revoked by me in writing.

Release and Medical Authorization

This release and treatment authorization must be signed by a parent or guardian if the student is under 18 years old. In order for students to participate in the program activities, we must have this form prior to the program's start date. Otherwise, parent or guardian must be contacted prior to program to participate.

Does your son/daughter require administration of any medication while at Exploration Academy? (Circle One) YES NO
Does your child carry an EpiPen? (Circle One) YES NO
Does your child carry an Inhaler? (Circle One) YES NO

If yes, please contact the school nurse as soon as possible at (860) 344-7100 x318. In addition, if there are any medical issues not listed above or any changes in medical status that are of concern, please contact our school nurse.

Parent's/Guardian Signature_____ Date_____

Student's Signature_____ Date_____

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with the student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Insurance Information (please print)

Name_____

Insurance Company_____

Insurance Company Address_____

Policy No._____

Policy Holder_____

Does your insurance require prior authorization or referral for emergency services? ☐ Yes ☐ No



VINAL TECHNICAL HIGH SCHOOL EXPLORATION ACADEMY

**SIGN UP FOR THIS FREE
PROGRAM TODAY!
LIMITED SPACE AVAILABLE!**

Exploration Academy

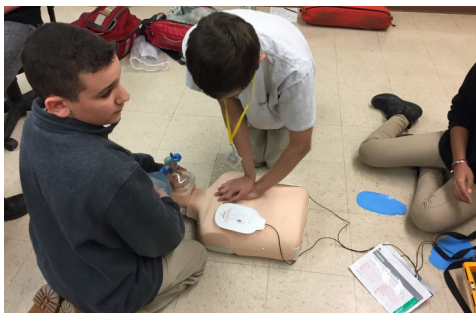
**A program for
9th grade students entering
Vinal Technical High School**



SUMMER 2018

**June 27th to July 27th
*No classes July 2-6**

**Monday—Thursday
9:00 am to 12:00 pm**



The Exploration Academy is designed to provide entering 9th grade students with an academic, technological and social head start, thus ensuring a successful transition from their middle schools to Vinal Technical High School.

The Exploration Academy focuses upon:

- Building essential literacy and mathematic skills
- Strengthening character development by challenging students both academically and intellectually
- Fostering a climate of equality and cultural diversity
- Encouraging students to express themselves using music and art
- Mastering new talents within technologies, including but not limited to: Carpentry, Criminal Justice & Protective Services, Hairdressing and Machine Tools
- Participating in off site expeditions with staff to help students discover their strengths, hidden capabilities, build confidence and create life long friendships

Program Site & Staff

The *Exploration Academy* will be held at Vinal Technical High School at 60 Daniels Street Middletown, CT 06457.

Each classroom will include a certified teacher in English and Mathematics. Certified teachers will act as Team Leaders to facilitate all student activities.

Program Features

- Academic & technology instruction from certified teachers
- Snacks each day
- Program T-shirt
- Fun field trips
- Meet other incoming 9th graders

Important Information

Transportation will only be provided for off site expeditions.

Parents/guardians must coordinate for their child to be dropped off in the morning and picked up in the afternoon.

You are welcomed to join us for observation throughout the duration of the program. To coordinate, please call 860-344-7100 x308.

The registration form must be returned to Vinal Technical High School no later than Friday, June 8th.

Cost of the Program

There is no cost for the program.

This includes off site trips for all students at NO COST.

Limited space available... Sign-up today!!

Incoming 9th Grade Student Registration Form

Please complete the following registration form and mail to:

Vinal Technical High School
Exploration Academy
60 Daniels St.
Middletown, CT 06457

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

TOWN/CITY: _____

ZIP: _____ SHIRT SIZE: S M L XL XXL

PARENT/GUARDIAN: _____

PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

PLEASE READ AND SIGN THE PROGRAM RELEASE FORM BELOW

Release of Liability, Medical and Surgical Authorization

In consideration to the Connecticut Technical High School System granting the student permission to participate in the *Vinal Tech Exploration Academy program*, I hereby assume all risks of his or her personal injury (including death) that may result from any program activity.

As guardian I do hereby release the State of Connecticut, Connecticut State Board of Education, Connecticut State Department of Education, the Connecticut Technical High School System and their officers, employees, agents, all instructors, and all participants from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in the Vinal Tech Exploration Academy program activities.

In addition, I hereby authorize and give my consent to the health authorities of the Connecticut Technical High School System or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment.