

VINAL TECH EXPLORATION ACADEMY

WHEN

June 27th - July 27 *

9am - 12pm

Monday—Thursday

*No Camp July 2—6th

WHERE

Vinal Tech

60 Daniels Street

Middletown, CT 06457

FEATURING • **Technology Exploration** • **Machine Tool** •
Carpentry • **Information Technology** • **Collison Repair** • **Hair-**
dressing • **and more** • *technologies may change due to
availability

VINAL TECH EXPLORATION ACADEMY

7TH & 8TH
GRADE STUDENTS

COST
Free

LIMITED
Enroll ASAP
Spots in camp are
First come
First placed

REGISTRATION
See reverse side for
Registration form

CONTACT
RoseAnn.Vaughan@ct.gov
(860) 344-7100 ext 407



PART OF THE CONNECTICUT
TECHNICAL HIGH SCHOOL SYSTEM



**PART OF THE CONNECTICUT
TECHNICAL HIGH SCHOOL SYSTEM**

Camper Information

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

TOWN/CITY: _____

ZIP: _____ SHIRT SIZE: S M L XL XXL

PARENT/GUARDIAN: _____

PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

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.

Signature: _____

Please complete the following registration form and mail to:

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

Or

Scan & email to:

RoseAnn.Vaughan@ct.gov

