



# MONTY TECH SUMMER CAMP

INCOMING 6<sup>TH</sup>, 7<sup>TH</sup>, 8<sup>TH</sup> GRADERS WELCOME!

Join us to experience a week in the life of a trade at Monty Tech,  
where campers will leave with more than just the skills they learn, in a shop of their choice!  
Each camp will conclude with an exciting field trip.

**Limited spots are available, call to reserve your seat today!**

**JULY 6 - 10**

## DRAMA

Get ready to take the stage with Bethany Botto while learning the skills of acting, singing, dance and movement, set design, lighting, and much much more!

## GRAPHICS

Learn the basics of photography with instructors Brian Bean and Kim Lecuyer, and experiment with the many tools of graphic design while creating and printing your very own custom t-shirt!

## COSMETOLOGY

Beautify yourself and friends with instructors Diane Kelley and Jen James, who will teach you beauty basics, including hair styling, facials, and manicures!

**JULY 13 - 17**

## ART

Get hands-on with Artist Bethany Botto, and explore the many areas of art including paper mache, creative drawing with music, still-life portraits, and more!

## CULINARY

Join Chef Haggerty and Chef Lowe in the kitchen to prepare various foods, including appetizers, entrees and desserts. Feel free to enjoy a snack or two along the way!

## HOUSE CARPENTRY

Join carpenters Floyd Morrison and Mike Dion in the introduction to basic woodworking. Here you can learn how to use basic hand and small power tools, while learning techniques common to carpenters!

## **DAILY SCHEDULE**

### **Monday - Thursday**

8:30	Shop
10:15	Snack Break
10:30	Shop
12:15	Lunch
1:30	Outdoor Games
2:30	Parent Pickup

### **Friday**

8:30	Breakfast
9:00	T-shirt Distribution
9:30	Depart for field trip
4:00	Depart to MT
*Arrival time home TBA	

**Cost per/week: \$200 per student**

**Includes:** Camp t-shirt, program materials, daily lunch, Friday's breakfast buffet, and all field trip expenses.

**Fees due upon admission.**

**\*SCHOLARSHIPS AVAILABLE\***

Please see attached forms for Registration.  
All forms should be submitted by **June 22** to:

**Kim Curry, Dean of Admissions**

978-345-9200 Ext. 5231

curry\_kim@montytech.net

1050 Westminster St. Fitchburg, MA, 01420

# 2015 Summer Camp Registration Form

Montachusett Regional Vocational School  
1050 Westminster Street  
Fitchburg, MA 01420  
(978) 345-9200



**\*One form per child**

Camper Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Gender: M / F Grade in Fall 2015: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency if the parents or guardians cannot be reached, please list additional people we can Contact. **These may NOT be the parents or guardians listed above:**

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Please list all individuals authorized to pick up your child:

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**Please indicate campers 1st and 2nd camp choice:**

\_\_\_\_\_ **Drama**, July 6 - 10

\_\_\_\_\_ **Art**, July 13 - 17

\_\_\_\_\_ **Graphics**, July 6 - 10

\_\_\_\_\_ **Culinary**, July 13 - 17

\_\_\_\_\_ **Cosmetology**, July 6 - 10

\_\_\_\_\_ **House Carpentry**, July 13 - 17

Camper T-Shirt Size: (Check one)	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large
	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large

**MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT  
WAIVER OF LIABILITY AND RELEASE AGREEMENT**

**RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ASSUMPTION OF RISK AND INDEMNIFICATION**

I, \_\_\_\_\_ (parent name), of \_\_\_\_\_ (city, state), in consideration of my Child's participation in the Summer Camps at Montachusett Regional Vocational Technical School (the "School") during the summer of 2015, do hereby agree as follows:

Child's name: \_\_\_\_\_

**Please read carefully. This is a release and waiver of important legal rights.**

Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Summer Camps at the School, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any activity and in any program (individually, an "Activity" and collectively, the "Activities"). I, on behalf of my Child, and myself understand that my Child may be involved in Activities, including but not limited to art, culinary, photography, cosmetology, and all activities related thereto. I acknowledge that participation by my Child in any Activity is voluntary and that my Child may decline to participate in all Activities.

**ACKNOWLEDGMENT OF RISKS:** I recognize that there is inherent danger in Activities; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that unfamiliarity with the Activities may affect the occurrence of accidents and injuries.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child, except to the extent caused by the negligence of Montachusett Regional Vocational Technical School District, or anyone for whom it is legally responsible. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of my Child, and myself I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

**RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE:** In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors, and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Montachusett Regional Vocational Technical School District and the Monty Tech Foundation, its directors, trustees, officers, agents, employees and volunteers (collectively, "Monty Tech") from and against any claims, demands, expenses, actions and causes of action of every name, type, and nature I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.

**ACKNOWLEDGMENT:** In signing this Agreement, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Health Insurance Information:**

Company: \_\_\_\_\_  
Subscriber: \_\_\_\_\_  
Policy #: \_\_\_\_\_

**PHOTO/ VIDEO RELEASE**

I, \_\_\_\_\_, hereby grant Montachusett Regional Vocational Technical School District, its representatives and employees, the right to take photographs and record video of me in connection with the 2015 Summer Camps. I authorize Montachusett Regional Vocational Technical School District to use and publish the photos/video in print and/or electronically. I agree that Montachusett Regional Vocational Technical School District may use such photographic or video recordings for the purposes of marketing and publicity of future camp programs.

\_\_\_\_\_  
Signature of Parent/Guardian Date

## HEALTH HISTORY; LIFE THREATENING ALLERGIES; MEDICATIONS

Please indicate if your child has a physician verified allergy to any of the following. If yes, please provide official documentation by your child's physician and an Emergency Care Plan to the Nurse's Office at the beginning of the school year. Written prescriptions are required for all EpiPens, Inhalers, Benadryl and prescription medications.

### ALLERGIES:

Bee Stings\_\_\_\_\_ Peanuts\_\_\_\_\_ Nuts \_\_\_\_\_ Medications\_\_\_\_\_ Other\_\_\_\_\_

Is an EpiPen Required? Yes\_\_\_\_\_No\_\_\_\_\_

Benadryl required? Yes\_\_\_\_\_No\_\_\_\_\_

Has an EpiPen ever been used? Yes\_\_\_\_\_No\_\_\_\_\_

Does your child carry their EpiPen? Yes\_\_\_\_\_No\_\_\_\_\_

### ILLNESS/CHRONIC CONDITIONS (Indicate if your child has experienced any of the following and explain)

Asthma	Anxiety	Attention-Deficit	Concussion
Depression	Diabetes	Fainting	Heart Condition
Hearing Deficit	Hospitalization	Lactose Intolerant	Migraines
Injuries	Scoliosis	Seizures	Other_____

Please explain condition: \_\_\_\_\_

Vision: Eye Glasses/Contacts: Yes\_\_\_\_\_No\_\_\_\_\_

Date of last eye exam: \_\_\_\_\_

Sports: Do you know of any reason your child should not participate in sports? Please explain: \_\_\_\_\_

(A physical exam is required for students entering grade 9, as well as annually for school sports)

### MEDICATIONS (Please list prescribed and over the counter medications your child takes. Include herbal treatments.)

Name of Medication & Dose	Reason	Home	School

**Statement:** "I hereby authorize the school to arrange transportation via ambulance to the hospital in case of accident or serious illness. I understand that all attempts will be made to reach me. I give permission to the School Nurse to share information relevant to my child's health with appropriate school personnel/bus driver when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician and specialists for the purpose of referral, diagnosis and treatment, as well as obtaining current immunization and physical exam status."

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICATION PERMISSION

**Yes**      **No**      I give permission to the School Nurse to administer Acetaminophen 325-975 mg by mouth.

**Yes**      **No**      I give permission to the School Nurse to administer Ibuprofen 200-800 mg by mouth.

**Yes**      **No**      I give permission to the School Nurse to administer Tums (or generic equivalent) 1-2 tabs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our School Physician, Dr. J. Herbert Stevenson, has agreed to grant his permission for the administration of Acetaminophen, Ibuprofen and Tums in the school at the discretion of the School Nurse, with written parental permission. Please complete above.

Drinking water source:      Well water      Town water      Bottled water

**Montachusett Regional Vocational Technical School**  
**STUDENT EMERGENCY AND HEALTH RECORD**  
**School Year 2015-2016**

Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
SS# \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_  
Home address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Email address: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed at \_\_\_\_\_ Business Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed at \_\_\_\_\_ Business Phone \_\_\_\_\_

- Are there any legal restrictions for the release of your child or his/her records to the non-custodial parent?  
\_\_\_ YES \_\_\_ NO. If yes, please specify and provide legal documents: \_\_\_\_\_

List two people to whom we may release your child to assume temporary care of him/her if the school is unable to contact you.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

List two people to whom we may release your child to assume temporary care for your child in the case of a disciplinary removal from school. If this information is the same as above, please write "same as above".

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have health insurance? \_\_\_ Y \_\_\_ N Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have dental insurance? \_\_\_ Y \_\_\_ N Name: \_\_\_\_\_ Policy# \_\_\_\_\_

Does your child see a dentist every 6 months? \_\_\_\_\_ Fluoride treatment \_\_\_\_\_ Sealants \_\_\_\_\_

**By signing below:**

- I am authorizing the school to release my child to any of the people listed above,
- I release all parties from all liability and responsibility while acting in the best interest of the above named child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTIFY THE SCHOOL OF ANY CHANGES AS SOON AS POSSIBLE\*\*\*\*\***

**Please complete both sides and return to school**

**Montachusett Regional Vocational Technical School  
Summer Camp Scholarship Application Form – 2015**



**TEACHER or STAFF RECOMMENDATIONS:** Please give this form to your teacher or a school staff member who can recommend you for camp. Teacher or staff recommendations factor into scholarship selection.

Please deliver or mail this completed application to:  
**Montachusett Regional Vocational Technical School**  
 1050 Westminster Street  
 Fitchburg, MA 01420  
 Attn: Kim Curry

\*The completed application must be received on or before **June 22, 2015**.

Name: \_\_\_\_\_

Position at School: \_\_\_\_\_ School/District: \_\_\_\_\_ / \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: (2015-2016) \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Does the student have a financial need for the scholarship? \_\_\_\_\_

Does the student qualify for free or reduced school meals? \_\_\_\_\_

How would you rate the following aspects of the student?

	Lowest					Highest
Behavior	1	2	3	4	5	
Respect for Others	1	2	3	4	5	
Willingness to Learn	1	2	3	4	5	
Willingness to Participate	1	2	3	4	5	
Student's Motivation	1	2	3	4	5	
Student's Need for Financial Assistance	1	2	3	4	5	

Additional Comments: \_\_\_\_\_