CAREER CONNECTIONS
SUMMER CAMP
FOR GRADES 6, 7, 8
JUNE 1-5 AND JUNE 8-12
CARPENTRY, FIRST AID, MOVIE MAKING, 3D ANIMATION,
WELDING, PHOTOGRAPHY, STEM: PRE-ENGINEERING
2 SESSIONS EACH DAY
8:30-11:30 A.M. & 12-3 P.M.
FOR INFO CALL 580.250.5612
OR EMAIL: SBELLAMY@GREATPLAINS.EDU
$65.00 EACH SESSION
NOW TAKING ENROLLMENT!
FEE INCLUDES T-SHIRT AND SNACKS
Career Connections 2015 – $65 for 1 session or 2 for $99!

Career Connections is an opportunity for middle school students to experience some of the career training offered at Great Plains Technology Center. This camp offers students hands-on learning experiences in small group settings.

**Dates/times:**
- June 1-5 – Session I – 8:30 am – 11:30 am
- June 1-5 – Session II – 12 pm – 3 pm
- June 8-12 – Session I – 8:30 am – 11:30 am
- June 8-12 – Session II – 12 pm – 3 pm

**Location:**
Great Plains Technology Center,
Building 100 Auditorium

**Cost:**
- 1 session $65; 2 sessions $99 per week;
  additional sessions are $49.50 each

**Classes:**
See Schedule Below

**Students:**
Grades 6, 7, 8. Admission limited to a first come, first serve basis. Applications and payment must be received by May 25, 2015.

Students may participate in different morning and afternoon sessions. Class curriculum is identical in each session, therefore students may NOT repeat the same class. Students attending all day may bring their lunch or purchase lunch in the GPTC Cafeteria.

**Application**

Complete the application below; enclose a check for requested session(s) made payable to Great Plains Technology Center and mail to the following address:

Sherrie Bellamy, GPTC/Career Connections
4500 W. Lee Blvd.
Lawton, OK 73505

Name: ___________________________ Grade Entering: ______________

School: ___________________________ City: __________________________

Address: ___________________________ Home Phone: __________________________

State: _______________ Zip: _______________ Work Phone: __________________________

Work Phone: ___________________________ Cell Phone: __________________________

Gender: ___________________________

Parent/Guardian: ___________________________ Parent Email ___________________________

**GUARDIAN PERMISSION:**

I give my child ___________________________ permission to attend Career Connections 2015. I understand that Great Plains Technology Center and any other sponsors cannot be liable for my child’s actions during the camp.

Signature: ___________________________

Date: ___________________________

**PLEASE INDICATE T-SHIRT SIZE:**

☐ Adult Small  ☐ Adult Medium  ☐ Adult Large  ☐ Adult X-Large  ☐ Adult 2-XL

**CHOOSE SESSION:**

<table>
<thead>
<tr>
<th>June 1-5 Session I 8:30-11:30 a.m.</th>
<th>June 1-5 Session II 12-3 p.m.</th>
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<tr>
<td>☐ Carpentry</td>
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<td>☐ Welding</td>
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<td>☐ Movie Making</td>
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<td>☐ 3-D Animation</td>
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<td>☐ Photography</td>
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<tr>
<th>June 8-12 Session I 8:30-11:30 a.m.</th>
<th>June 8-12 Session II 12-3 p.m.</th>
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<td>☐ Movie Making</td>
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<tr>
<td>☐ STEM: Pre-Engineering–It’s a Snap</td>
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**For more information call Sherrie Bellamy at 580.250.5612 or email sbellamy@greatplains.edu**

**Title IX Statement** – Great Plains Technology Center does not discriminate on the basis of race, national origin, gender, religion, qualified handicap or veteran status.

This school is authorized under Federal law to enroll non-immigrant students.
I am the parent or legal guardian of__________________________________ (please print full name) referred to later as "child". I am familiar with the activities of Career Connections and I hereby authorize my child's participation in the Career Connections camp dates of (please check applicable dates) ___June 1-5, ___ June 8-12, 2015. I know of no physical, mental, emotional, or behavioral problems that will affect my child’s ability to participate safely.

IN CONSIDERATION FOR BEING ACCEPTED AND ALLOWED TO PARTICIPATE IN THE ACTIVITIES OF CAREER CONNECTIONS, MY CHILD AND I PERSONALLY ASSUME RESPONSIBILITY FOR THE ACTIONS OF MY CHILD. WE AGREE TO ABIDE BY THE RULES OF CAREER CONNECTIONS AND GREAT PLAINS TECHNOLOGY CENTER AND TO RELEASE, HOLD HARMLESS, AND INDEMNIFY GREAT PLAINS TECHNOLOGY CENTER, THEIR EMPLOYEES, CONTRACTORS, OFFICERS, AND TRUSTEES FROM LOSS, INJURY, ATTORNEY FEES, AND/OR OTHER DAMAGE. I GIVE GPTC PERMISSION TO USE MY CHILD’S PHOTOGRAPHS OR VIDEOS FOR NEWS RELEASES, ADVERTISING, FLYERS, BROCHURES OR ANY OTHER MEDIA TO PROMOTE OR ADVERTISE FUTURE ACTIVITIES.

I consent to the examination and treatment of my child by a physician and/or hospital emergency room personnel; I also understand that neither the Career Connections camp, Great Plains Technology Center, nor anyone connected with them will assume responsibility for payment of any medical, dental, or other expenses incurred as a result of sickness and/or injury.

PLEASE NOTE: OUR STAFF CANNOT ADMINISTER ANY MEDICATIONS, NON-PRESCRIPTION OR PRESCRIPTION, OR PROVIDE OTHER CARE. This agreement shall be governed by Oklahoma law. This form represents the entire agreement of the parties on the subject.

My child takes the following medication: ________________________________________________________________.

(Optional) My child's social security number is:  _____________________________________.

(Optional) My child's date of birth is: ______________________________________________.

___________________________________________________________________________________________________
Signature of Parent or Legal Guardian  Printed Name    Date

___________________________________________________________________________________________________
Street                                   City                                      State                      Zip Code               Telephone number(s)

___________________________________________________________________________________________________
Primary Emergency Contact Name                                 Relation                                        Telephone number(s)

___________________________________________________________________________________________________
Secondary Emergency Contact Name                             Relation                                        Telephone number(s )

___________________________________________________________________________________________________
Medical Insurance Company                                      Subscriber's Name                          Policy/Group/ID
Numbers

MANDATORY MEDICAL STATEMENT: My child ________________________________ is in good health and is physically and mentally able to participate in the Career Connections camp. Participation will not pose a threat to him/her or to those around him/her. He/She does not have any injury or illness that will prohibit this activity. Any special comments, known food, drug, or other allergies are noted by a separate signed sheet attached to this form.

___________________________________________________________________________________________________
Parent / Guardian Signature   Printed Name                                       Date