



HACTC Summer Tech Camp

June 21-25, 2021

Open to students entering 7th, 8th or 9th grades in the fall. Explore 10 hands-on activities in one week!

Examples of past camp activities include:

- Basic welding or plasma cutting
 - Candy or string art
 - Photography
- Creating edible centerpieces
 - Basic engine operation
- Basic direct current circuits
- Developing a creative mindset
 - Health and wellness
- Building a small tool box
and more!

HACTC Camp Schedule:

Monday: 8:30am-12:30pm

Tues - Fri: 8:50am-12:30pm

Monday only:

8:30-8:45am: Arrival & Registration

8:45-9:00am: Welcome & Icebreakers

Monday - Friday:

Activity Block 1: 9:00am - 10:30am

Break: 10:30am - 10:45am

Activity Block 2: 10:50am - 12:25pm

Depart HACTC at 12:30pm

Please complete and return the attached camper application and release form with the \$30 registration fee.

Updated HACTC camp guidelines and expectations, a list of final activities, and bus options will be sent to registered campers at least one week prior to camp.



2021 HACTC Summer Tech Camp Guidelines and Expectations

The virus that causes COVID-19 is highly contagious. The 2021 HACTC Summer Tech Camp is following all COVID-19 guidelines issued by the CDC and the State of Vermont to reduce the spread of infection. Please refer to hsdvt.com/covid-19 for the Hartford School District's COVID-19 resources and guidelines.

Any updates to the camp guidelines below will be sent to registered campers one week prior to the start of camp.

HACTC Summer Camp guidelines:

- Campers will be placed in groups of no more than 10 campers, plus instructor(s). Campers will remain in the same group throughout the week.
- Mandatory face coverings are required at all times, except when an acceptable distance between participants can be maintained outside for snack. Masks should fit appropriately and cover both mouth and nose.
- Campers and staff will strive to maintain physical distancing. All participants will be asked to maintain three to six feet distance.
- All participants are asked to stay home if they are feeling sick.
- Campers will be asked to wash or sanitize their hands upon arrival and prior to departure, as well as multiple times throughout the day.

As a parent or guardian:

- I will monitor my child's health prior to camp participation for COVID-19 symptoms, which can include: cough, fever, chills, muscle pain, shortness of breath, sore throat or new loss of taste or smell.
- I will not allow my child to participate in camp if they have COVID-19 symptoms, or have been exposed to someone who has exhibited COVID-19 symptoms or who has tested positive for COVID-19 or who has test results pending.
- I agree that to the best of their ability, my child will follow all HACTC Camp safety guidelines and practice safe physical distancing, mask wearing and clean hygiene at all times during their camp participation.
- If my child exhibits symptoms of COVID-19 during camp, they will be separated from the group and I will be notified immediately to pick them up.

2021 HACTC Summer Tech Camp Application

Student Name: _____ Gender: _____

Current School: _____ Grade (as of Sept. 2021): 7th 8th 9th

Home Phone: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

1. Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

2. Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

After camp, my child will (circle one): Take the bus Be picked up Other: _____

My child would prefer to be grouped with: 1) _____ 2) _____

In case of emergency, contact:

1. Name: _____

Home Phone: _____ Cell: _____ Work: _____

2. Name: _____

Home Phone: _____ Cell: _____ Work: _____

Does student have allergies? Yes No If yes, to what: _____

Does student carry an Epi-pen? Yes No

Please list all medications student takes: _____

Does student have a chronic illness or other medical condition that camp staff should be aware of? Yes No

If yes, please indicate here: _____

Please describe any educational or behavioral support your child receives at school that would be helpful for our instructors to understand, such as IEP or 504 accommodations: _____

Parent/Guardian Signature: _____ Date: _____

HACTC does not discriminate on the basis of race, creed, national origin, religion, sex, disability or sexual orientation.

Enrollment is limited - register today! Please return completed application and release form to:

Jennifer Thygesen, Outreach Coordinator, HACTC, 1 Gifford Road, White River Junction, VT 05001

Questions? Call 802-295-8630 or email thygesenj@hartfordschools.net

The camp registration fee is \$30.

Please make checks payable to: Hartford Area Career and Technology Center

In the event that camp is cancelled due to COVID-19, the HACTC will refund the entire camp fee.



2021 HACTC Summer Tech Camp Release Form

Please initial if you agree with the following statements.

In the Event of Emergency:

_____ I authorize the HACTC to seek medical attention for my child in the event of an emergency.

Media Release:

_____ I grant permission to the HACTC to photograph/videotape my child while at camp for any media publication.

Camp Expectations:

_____ My child and I have read the attached guidelines and expectations for the HACTC Summer Tech Camp, and agree to abide by them to the best of our abilities.

Participant COVID-19 Acknowledgment of Risk:

By engaging in camp activities, HACTC campers can never be completely shielded from all risk of exposure or illness caused by COVID-19 or other infections. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by participating in HACTC camp activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury that my child(ren) may experience or incur in connection with their attendance at the HACTC Summer Tech Camp.

Parent/Guardian Signature: _____ Date: _____

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