May 20, 2016

Dear TRiO ETS Program Families,

I am reaching out to you today to inform you of the opportunity for your student to participate in an academic exploration initiative in Automation and Robotics, organized in collaboration with the School of Engineering, Science and Technology, CCSU’s Community Engagement Program, The Ryan T. Lee Memorial Foundation CCSU’s Downtown Campus, the Boys and Girls Club of New Britain, and faculty member Dr. Ravindra Thamma. The course is scheduled to be held in Copernicus Hall, CCSU Main Campus, Room 134, on July 5th – 7th. The first two days will run from 8:00am – 3:00pm and on the last day, we will be meeting from 8:45am – 1:00pm.

Please complete the enclosed registration form and return it to our TRiO office by Wednesday June 15th, 2016. Once received, we contact you within a five business days to confirm your student’s enrollment. Fifteen (15) seats are available and students will be enrolled on a first come – first served basis.

Thank you for your consideration.

Sincerely,

Thomas M. Menditto
CCSU TRiO ETS Director

Enclosures
ASSUMPTION OF RISK AND RELEASE
Central Connecticut State University
TRiO Educational Talent Search Program
2016 Automation/Robotics Program
July 5th – 7th, 2016
Return by Wednesday June 15th, 2016

Participant Information:
Last Name: ___________________________ First Name: ___________________________
Date of Birth: ___________________________ School: ___________________________ Grade: ___________________________

Parent/Guardian Information:
Last Name: ___________________________ First Name: ___________________________
Home Address: ___________________________ New Britain, CT, Zip Code: ___________________________
Home Phone: ___________________________ Cell Phone: ___________________________ Work Phone: ___________________________

Emergency Contact Information:
Name of Relative/Friend for Emergency Contact: ___________________________
Phone Number(s) with area code: 1) ___________________________ 2) ___________________________
Family Physician: ___________________________ Phone: ___________________________
Health Insurance Provider: ___________________________ ID/Policy Number: ___________________________

Allergies: Medications: ___________________________ Food: ___________________________
Other Allergies: ___________________________

Check the applicable box:

☐ I, the above participant (Participant) am eighteen years of age or above and acknowledge that I intend to participate in the 2016 Automation/Robotics Program in Central Connecticut State University, Nicholas Copernicus, Room 134, from July 5th – July 6th from 8:30am – 3:00pm and July 7th, 8:45am – 1:00pm

☐ I am the parent/legal guardian of the above-named participant (Participant) who is under eighteen years of age, and I am fully competent to sign this release. I give permission for Participant to participate in the 2016 Automation/Robotics Program in Central Connecticut State University, Nicholas Copernicus, Room 134, from July 5th – July 6th from 8:30am – 3:00pm and July 7th, 8:45am – 1:00pm

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, recognize that there are risks and hazards directly or inherently involved in the Activity and that Participant may become injured during participation. With full knowledge of the facts and circumstances surrounding this Activity, I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, voluntarily undertake this Activity/voluntarily give permission for the Participant to undertake this Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY, FROM THE PARTICIPANT’S PARTICIPATION IN THIS ACTIVITY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure officials of CCSU that Participant has adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from the Participant’s participation in this Activity. I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure CCSU that there are no health-related reasons or problems that preclude or restrict the Participant’s participation in this Activity.
IN CONSIDERATION OF CCSU PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY
ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF
CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, AND CCSU,
THEIR EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL
LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE
WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CCSU, WHICH MAY ARISE BY OR IN
CONNECTION WITH MY PARTICIPATION IN THE. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND
ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL
MEMBERS OF MY FAMILY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, have read the
foregoing and fully understand its contents. I understand that by signing this assumption of risk and release of liability agreement,
I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of
laws.

**My Signature below indicates that I understand the following:**

**Medical Consent:**
In case of medical emergency, I grant the TRiO ETS Staff the right to authorize medical care, if the parent/guardian named
above cannot be reached.

**Transportation:**
I realize that I, the above participant, or parent/legal guardian of the above-named participant, will be responsible for making the
necessary transportation arrangements to arrive to the 2016 Automation/Robotics Program in Central Connecticut State
University, Nicholas Copernicus, Room 134, from July 5th – July 6th from 8:30am – 3:00pm and July 7th, 8:45am – 1:00pm
Further, if my child does not adhere to the rules as stated by the TRiO ETS staff, I will arrange transportation and pay all
expenses associated with returning my child home before the termination of the program.

**Media Release:**
I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, hereby give
my consent to all photographs and video recordings taken of the Participant by CCSU and other participating parties during the
Activity and understand that any such material becomes the property of CCSU and may be copied or otherwise reproduced by
CCSU and used by CCSU for educational, instructional, or promotional purposes.

___ Yes, I give my consent.
___ No, I do not give my consent.

Participant Signature (if 18 or over): ____________________________ Date: _______________

Name of Parent/Guardian (if Participant is under 18): ___________________________________ (Please Print First and Last Name)

Signature of Parent/Guardian: ___________________________________ Date: _______________
BEHAVIOR & CONDUCT STANDARDS

When a student and their parent/guardian(s) accept the invitation to attend a TRiO Educational Talent Search (ETS) sponsored activity/program, they are expected to follow the rules and regulations of the program. The following behaviors are inappropriate, will not be tolerated and are grounds for the student’s possible dismissal:

- Failure to follow the instructions of TRiO ETS Staff.
- No open toed shoes
- Disrespect
- Disruptive behavior
- Dishonesty – lying, stealing (taking items that do not belong to you)
- Profanity
- Fighting and/or instigating, causing a fight or altercation.
- Practical jokes/pranks and other harmful and/or bullying actions.
- Possession of weapons and dangerous items (knives, box cutters, guns, martial arts weapons, fireworks, etc.).
- Possession of, use or being under the influence of alcoholic beverages, illegal drugs, cigarettes and other tobacco products.
- Any type of sexual activity, including public displays of affection.

In addition, students are responsible for paying any costs resulting in the damage to/destruction of furniture, fixtures, equipment, hotels, buses, university property, personal property of others and/or unauthorized phone charges. Parents will be notified in the event their son/daughter is found in violation of any of the rules and appropriate disciplinary action will be taken.

DRESS CODE POLICY

Shoes and shirts are required at all times. Sleepwear and indecently torn clothing are not appropriate. Shirts, hats or articles of clothing with profanity, tobacco/drugs paraphernalia printed on them or other inappropriate words/phrases are not allowed. In addition, the following will also not be permitted:

- Females: Crop tops, halter-tops, tube tops, short skirts or shorts, see-through/revealing clothing.
- Males: Tank tops worn alone as an outer top, pants that reveal undergarments/underwear.

Students who do not meet the above dress code requirements must wear program issued attire for the entire day.

______________________________, parent/guardian of,

Print Parent’s/Guardian’s First and Last Name

______________________________, Student ID:

Print Student’s First and Last Name

understand that by signing this contract, we are agreeing to abide by the BEHAVIOR & CONDUCT STANDARDS, and DRESS CODE POLICY of the TRiO ETS Program. I further understand that the failure of my son/daughter to abide by the standards and policy will result in immediate disciplinary action and possible dismissal from the TRiO ETS program; that I will be notified and responsible for transporting my son/daughter back home immediately. Lastly, I realize that disciplinary action - including restricted participation - may be taken on my son/daughter if they are not picked up by the stated time period following a TRiO ETS sponsored activity (field trip, etc.).

Parent/Guardian’s Signature: _____________________________ Date: _____________________________

Student’s Signature: _____________________________ School: _____________________________ Grade: __________