



JUNIOR ADVENTURE TECHNOLOGY CAMP

Thank you for choosing CARIRI's App Club annual Junior Adventure Technology Camp.

This digital summer camp is an interactive and hands on experience that will both teach and introduce students to the fields of Animation and Game Development. Students will receive industry level training, guidance and will be taught by Programmers and Animators who have been in this and the wider Technology Industry for over 6 years.

The camp is held at CARIRI's Microsoft Innovation Centre (MIC) which is a state of the art technology facility intended to assist students and businesses develop and deploy innovation in the field of ICT. The MIC is a safe and secure environment that is centrally located with ample parking.

All participants of the Tech Camp will receive a **Registration Package** with all materials and have access to individual desktops and resource material. At the end of each week students will leave with tokens of appreciation as well as certificates of participation.

The camp offers a fun and interactive environment for kids between the ages of 11-17 years who are computer literate and have a passion for ICT. It provides a stress free opportunity for parents as breakfast, lunch and snacks are provided on each day.

This 2-week Tech Camp will stimulate students to create simple animations and build a desire to enter the Industry that is globally worth over USD\$200 Billion. In the last five years, the gaming industry has grown exponentially into a multi-billion dollar industry, with companies such as Microsoft, Sony, Google and Apple investing in their own platforms. This is to provide avenues for gamers and persons in the industry to setting up their own studios for game and animation development

Aim

At the end of the two weeks, each student will have applied all learning and implementation during the camp to having their own personal projects(s). This will stimulate creativity among students and encourage an innovative mindset .

Only 20 spaces available and be sure to ask about our 10% Discount



Payment

Send payment in full for each session. Registrations will not be processed without full payment or an approved Application.

Refunds

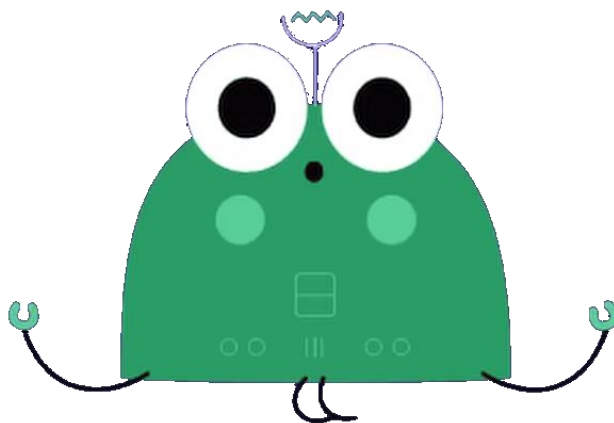
If you cancel 5 days or more days in advance, all camp fees will be refunded or transferred to another week of camp. If you cancel within 48 hrs prior to the week of camp registered for, there will be no refund. Exceptions will be considered in the case of illness or family emergency if requested in writing.

Please send registration and a copy of payment to:

Jessica Ramoutar

Marketing Officer

Questions? Call (868) 299-0210 ext. 5687 or Email jramoutar@cariri.com



Junior Adventures Technology Camp- Registration Form

Workshop

Please select which workshop(s) your child/children will be attending.

Week 1 - (2D Animation + 1 Day Bonus Intro to Gaming)

Week 2 - Game Development

Child

First _____ Middle _____ Last _____

Gender: Male __ Female__ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr.

Street Address _____

Town/City _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr.

Street Address _____

Town/City _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Relation to child _____



Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____

Medical Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedics be called?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__ If yes, explain:

What is your child's meal preference?

- Chicken
- Fish
- Vegetarian

Is your child allergic to any type of food or medication? Yes__ No__ If yes, explain:

Does your child require a special diet? Yes__ No__ If yes, explain:

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			



I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that CARIRI will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about our Junior Adventures Technology Camp

CARIRI Staff Website Facebook Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during The Junior Adventures Technology Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of CARIRI

Parent's/Guardian's Initials _____

CARIRI is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____