

**ROCKY RIVER CITY SCHOOL DISTRICT***Rocky River High School*

1101 Morewood Parkway

Rocky River, Ohio 44116-3980

Phone (440) 333-6800 • Fax (440) 815-2382

[www.rrcs.org](http://www.rrcs.org)

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**Summer School Fitness 2024****Fitness 101, 0.25 credit**

Fitness 101 offers students basic knowledge of skills, rules and sportsmanship needed to perform a variety of competitive and non-competitive activities. Fitness testing and swimming are components of this class. Daily swimming expectations include: participation in a water safety unit; endurance treading; and successful demonstration of five (5) different swimming strokes. Students will spend a part of each day in the pool, and the rest in the gym and related areas. Students should bring proper attire for all activities.

**Dates** June 10-June 28, 2024 (14 days) 0.25 credit  
*No class on Wednesday, June 19, 2024*

**Time:** 7:00am – 11:20am

**Location:** Rocky River High School, main gym and related areas  
20951 Detroit Road  
Rocky River, OH 44116

**Eligibility:** Rocky River High School students in grades 9-12 (including incoming freshmen)

**Dress code:** Appropriate athletic attire and shoes required throughout the 3-week course

**Tuition:** \$125, must be paid in full at time of registration  
***Credit card or check payable to Rocky River City School District***  
Refunds will be made if the course is cancelled due to insufficient enrollment. Students who withdraw from the course within the first 2 days of the session will receive a refund. No refunds will be issued after the second day of instruction.

**Registration:** You can register one of two ways beginning February 1, 2024:

1. Drop your completed registration form with a check attached in the secure drop box located at the Board of Education Office Door B, 1101 Morewood Parkway, Rocky River, 44116.
2. [Pay online](#) and email your completed registration form to [reddy.kim@rrcs.org](mailto:reddy.kim@rrcs.org).

Registration forms are attached on the following pages, and are also available online and in the middle school and high school counseling offices. Each student must have his or her registration form signed by a parent. Tuition payment must accompany the registration form in order for the student's name to be placed on the class roster. The course enrollment will be filled by students who have completed the registration process on a first come-first served basis. Registration will close once class capacity has been reached. Students registering thereafter will be placed on a waiting-list.

**OVER →**

**Summer School Attendance Policy:**

Ohio Revised Code 3313.603 specifies the amount of instructional time required for a student to earn credit for physical education. As a result, students enrolled in the 3-week summer fitness course may not miss more than 1 day of summer school. Partial credit is not given for the course. **There are NO excused absences in the summer school program.** Three (3) tardies equal one absence; a student will be counted tardy if he/she is late to school or late returning from a class break. Being tardy over 30 minutes equals a half-day absence. Tardy over 1 hour will count as a full-day absence. Students who are absent more than 1 day will be automatically withdrawn from the course. If a student is withdrawn from class for poor attendance, he/she will receive an "F" grade and will forfeit all tuition. Exceptions CANNOT be made for summer camps, family vacations or illnesses. Attendance is mandatory on the last day of each session.

**General Rules:**

All summer school students are expected to comply with the Rocky River Board of Education behavior expectations, Student Code of Conduct and the laws of the state of Ohio. A copy of the Student Code of Conduct is available in the summer school office and can be found online at [www.rrcs.org](http://www.rrcs.org). The administration has the right to remove a student from the summer school program, without refund, for discipline and/or attendance reasons.



# 2024 ROCKY RIVER SUMMER SCHOOL FITNESS Application

Fitness 101

June 10-June 28, 2024

7:00am-11:20am

\$125

## STUDENT INFORMATION

Student last name \_\_\_\_\_ Student first name \_\_\_\_\_

Student preferred name \_\_\_\_\_ Student cell phone \_\_\_\_\_

Student email \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Home address \_\_\_\_\_

Phone-W \_\_\_\_\_ Phone-C \_\_\_\_\_

Parent email \_\_\_\_\_

Does the student have an IEP? ☐ Yes ☐ No

Does the student have a 504 plan? ☐ Yes ☐ No

Grade (in 23-24 school year): \_\_\_\_\_ Student's 23-24 Counselor: \_\_\_\_\_

## PARENT/STUDENT ACKNOWLEDGEMENT

The student and parent must **initial** each item below as indication of having read and accepted the following:

### Parent Student

- |       |       |  |
|-------|-------|--|
| _____ | _____ | The student holds primary responsibility for the overall success or failure of any course work.  |
| _____ | _____ | The student is expected to actively engage with the teacher and course activities or the student may be removed from the course with a failing grade.  |
| _____ | _____ | The student must complete all course work as well as any online assignments, homework and/or other assignments given by the teacher. Internet access outside of school may be necessary.               |
| _____ | _____ | I have read and understand the attendance policy for the RR Summer School program.   |
| _____ | _____ | I understand that the instructor and administration has the right to remove any student from the course with a failing grade for issues involving plagiarism and copyright violation.                  |
| _____ | _____ | I understand that there are no weighted grades for credits earned through RR Summer School Fitness.  |
| _____ | _____ | I have read the RR Summer School Fitness General Rules, and agree to follow all behavioral expectations and the Student Code of Conduct as outlined by the RR City School District Board of Education. |

## SIGNATURES

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Payment amount received _____	Date received _____
<input type="checkbox"/> Check # _____ <input type="checkbox"/> CC _____	Received by _____



## FITNESS SUMMER SCHOOL EMERGENCY AUTHORIZATION FORM

The purpose of this form is to authorize the provision of emergency medical treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Please **PRINT** relevant information

### RESIDENTIAL PARENT/GUARDIAN INFORMATION:

*(If custodial parent, please check box)*

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE 23-24 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_

PHONE (C) \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

<input type="checkbox"/>	Mother's Name _____	Employer _____
Home Phone _____	(if different from above)	Cell Phone _____
Work Phone _____		
Email _____		

<input type="checkbox"/>	Father's Name _____	Employer _____
Home Phone _____	(if different from above)	Cell Phone _____
Work Phone _____		
Email _____		

Guardian's Name _____	Employer _____
Home Phone _____	Cell Phone _____
(if different from above)	
Work Phone _____	
Email _____	

### IN CASE OF AN EMERGENCY, AND A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Contact #1 Name _____	Relationship _____
Home Phone _____	Cell Phone _____
Work Phone _____	

→ OVER →

Contact #2 Name _____	Relationship _____
Home Phone _____	Cell Phone _____
Work Phone _____	

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

**PLEASE COMPLETE PART I ONLY OR PART II ONLY**

**PART I – TO GRANT CONSENT**

***I hereby give consent*** for the following medical care providers and local hospital to be called in an emergency:

Physician _____	Phone _____
Dentist _____	Phone _____
Medical Specialist _____	Phone _____
Hospital _____	Phone _____

In the event that reasonable attempts to contact me have been unsuccessful, I grant my consent for;

- (1) The administration of any treatment deemed necessary by above-named physician, or, in the event the designated preferred practitioner is not available, by another licensed medical practitioner; and
- (2) The transfer of the child to any reasonable accessible hospital.

This authorization does not cover major surgery unless the medical opinions of the two other licensed physicians or dentists, concurring in the necessity of the surgery, are obtained prior to the performance of such surgery.

Please indicate any facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

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

**PART II – REFUSAL TO CONSENT (*do not complete Part II of you completed Part I*)**

***I do not give my consent*** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities take no action or to:

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