



Summer School Fitness 2025

Personal Fitness/Team Sports, 0.25 credit

The Personal Fitness (including swimming) and Team Sports course is for students who are interested in improving their overall fitness levels while participating in competitive and non-competitive team sport initiatives. Students will learn the importance of sportsmanship, teamwork, nutrition and self-discipline through various traditional and non-traditional games and fitness activities. Students will be exposed to the HS main gym, swimming pool, weight room and a local workout studio. Students should bring proper attire for all activities.

Dates June 9-27, 2025 (14 days) 0.25 credit
No class on Thursday, June 19, 2025

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 3, 2025:

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 redky.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.

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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. The administration has the right to remove a student from the summer school program, without refund, for discipline and/or attendance reasons.



2025 ROCKY RIVER SUMMER SCHOOL FITNESS Application

Personal Fitness/Team Sports June 9-June 27, 2025 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 24-25 school year): _____ Student's 24-25 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)

<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 _____	

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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:

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:

Signature of Parent/Guardian _____ Date _____