ROCKY RIVER CITY SCHOOL DISTRICT
Rocky River High School
1101 Morewood Parkway
Rocky River, Ohio 44116-3980
Phone (440) 333-6800 • Fax (440) 505-0541
www.rrcs.org

Summer School Fitness 2026

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 8-26, 2026 (14 days) 0.25 credit
No class on Friday, June 19, 2026

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 2, 2026:

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 .

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.

2026 ROCKY RIVER SUMMER SCHOOL FITNESS
Application

Personal Fitness/Team Sports	June 8-June 26, 2026	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 25-26 school year)*: _____ Student's 25-26 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 _____

☐ Check # _____ ☐ 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

STUDENT NAME_____

DATE OF BIRTH _____ **GRADE 25-26**_____

HOME ADDRESS _____

PHONE (H) _____

PHONE (C) _____

STUDENT EMAIL _____

RESIDENTIAL PARENT/GUARDIAN INFORMATION:
(If custodial parent, please check box)

☐ Mother's Name _____ Employer _____

Home Phone _____ (If different from above) Cell Phone _____

Work Phone _____

Email _____

☐ Father's Name _____ Employer _____

Home Phone _____ (If different from above) Cell Phone _____

Work Phone _____

Email _____

Guardian's Name _____ Employer _____

Home Phone _____ (If different from above) Cell Phone _____

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:

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 _____