

# T R A D E S C A M P

## July 15-26

Monday - Friday

8-11 AM

Building Trades, Welding/Manufacturing, Auto Tech, Culinary Arts and Agriculture will be combined in this 10 day camp for incoming 6th through outgoing 8th graders. You'll create awesome projects and experience skills you could use for a lifetime! A fee of \$150 will be required for each student for materials.

Contact WACC at (815)-626-5810 for more information or pickup your permission form at the office. Visit [wacc.cc](http://wacc.cc) online & follow WACC on facebook by searching "Whiteside Area Career Center".



Agriculture

Whiteside Area  
Career Center

1608 5th Avenue  
Sterling IL, 61081  
(815)-626-5810



Culinary Arts



Auto Tech



Building Trades



Welding/Manufacturing

\* The Agriculture program will transport students to a local farm. A signed transportation permission form will be required for all participants at registration.



# Whiteside Area CAREER CENTER

Take the Advantage

Mr. Josh Johnson  
Stumpenhorst  
Director

Mrs. Lindsay  
WACC Principal

## 2025 School Year

### Yearly Liability Release and General Permission Slip for Local Trips

#### 30-Mile Radius of School

From time to time this year, students may take local trips for activities, field trips and programs. Our local area consists of a 30-mile radius from Whiteside Area Career Center. Information regarding the field trips will be sent home prior to each trip, but we will not require permission slips each time. This general permission slip will replace individual permission slips for all field trips within a 30-mile radius.

For trips beyond a 30-mile radius, teachers will send a separate permission slip home to be signed by the home school administrator and student's parents.

In signing below, I hereby, for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for damages that I may have against Whiteside Area Career Center (hereafter referred to as WACC) and its agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that arise out of the activity/field trip/program sponsored by WACC.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold WACC harmless of and from any and all liability of whatever nature may arise out of or result from such participation. I am aware of the risks involved in participating in the activity/field trip/program and am also aware that participation involves the potential for injury.

I have read and understood this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Every possible safety precaution will be taken by those in charge. Please sign below if you grant permission for your child to attend local trips and you release WACC from responsibility for any unavoidable accident to him or her.

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**Student Name**

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**Parent Signature**

**Date** \_\_\_\_\_



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## PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT

Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

## CAMPER INFORMATION

### PROGRAM REGISTRATION

Program Name	Start Day / Time	End Day / Time	Tuition

## PAYMENT METHOD

Payment Options		Date
Cash:		
Check:		

Signature (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_