

Connecticut's New Mock Trial Summer Camp



Supreme Court, 231 Capitol Avenue, Hartford, Connecticut

July 27-31, 2009

This mock trial camp experience will be an intense training in mock trial techniques concluding with a competition. It is intended for both novice and experienced students entering grades 7 through 12 in the 2009-2010 academic year. Students will be trained by experienced attorneys, mock trial coaches and student “mockers.”

Camp will meet daily from 8:00 a.m. to 4:00 p.m. in downtown Hartford. Workshops, meetings and events will take place between the Legislative Office Building, the Supreme Court and the Superior Courts. We encourage you to carpool if possible.

To register, fill out the attached application and mail it in with the registration fee (\$150 make checks payable to CCLCE), or fill out an on-line registration form and mail in the registration fee prior to the registration deadline. Registration deadline is May 31, 2009.

For more information contact the CCLCE at cclce@mindspring.com or (860) 509-6184 or 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470 or visit www.cclce.org.

Sponsored by the Connecticut Consortium for Law & Citizenship Education, Inc.

“Success . . . requires training and discipline and hard work. But if you're not frightened by these things, the opportunities are just as great today as they ever were.”

-David Rockefeller

Connecticut Mock Trial Summer Camp

July 27-31, 2009
Hartford, CT

REGISTRATION DEADLINE MAY 31, 2009

Scholarships: There will be camp scholarships available for students that can demonstrate financial need as well as commitment to mock trial training. Scholarship applications are available upon request.

Food: Food will be provided. If students have food allergies, they should be prepared to bring their own snacks and meals.

Materials: A packet of materials will be provided to all registered students prior to the start of camp to assist in preparing them for the most rewarding mock trial training experience possible. Some prior preparation is expected.

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Camp Draft Schedule

Day 1

8:00 a.m. Registration
8:30 a.m. Orientation
9:00-10:15 a.m. Mock Trial
Demonstration
10:15 a.m. Break
10:30 a.m. – 12:00 p.m. Case
introduction, analysis and theme
12:00-1:00 p.m. Lunch
1:00-2:00 p.m. Case analysis cont'd
2:00-4:00 p.m. Team Time

Day 2

8:00 a.m. Team Meeting
8:30-10:15 a.m. Openings
10:15 a.m. Break
10:30 a.m. – 12:00 p.m. Direct
examinations
12:00-1:00 p.m. Lunch
1:00-2:00 p.m. Use of exhibits
2:00-4:00 p.m. Team Time

Day 3

8:00 a.m. Team Meeting
8:30-10:15 a.m. Cross examinations
10:15 a.m. Break
10:30 a.m. – 12:00 p.m. Objections
12:00-1:00 p.m. Lunch
1:00-2:00 p.m. Objections cont'd
2:00-4:00 p.m. Team Time

Day 4

8:00 a.m. Team Meeting
8:30-10:15 a.m. Closings
10:15 a.m. Break
10:30 – 11:30 a.m. Witness Prep.
11:30 a.m. -12:30 p.m. Lunch
12:30-2:30 p.m. Team Time
2:30-4:00 p.m. Practice/Critique

Day 5

8:00 a.m. Team Meeting
8:30-10:30 a.m. Round I Competitions
10:30 a.m.-12:30 p.m. Round II
Competitions
12:30-1:30 p.m. Lunch
1:30-3:00 p.m. Showcase of Top Teams
3:00-4:00 p.m. Presentation of Awards

Connecticut Mock Trial Summer Camp

July 27-31, 2009 Hartford, CT

STUDENT/PARENT RULES AGREEMENT

I, _____ (parent) give my child, _____ permission to participate in all aspects of the 2009 Connecticut Mock Trial Summer Camp, being held in Hartford, CT from July 27-31, 2009. I further agree to the rules of the camp listed below and understand that if the rules are broken, my child will be sent home, at the sole discretion of the Mock Trial Summer Camp Director and at the expense of his/her parent/guardian. I understand the rules, have asked questions if I had any, and realize that breaking any rules (and not just those listed on this paper) can result in suspension of participation and/or being sent home early from Mock Trial Summer Camp without refund of any fees.

Parent/guardian signature: _____

Witness signature: _____

Date: _____

I, _____ agree to the rules of the camp listed below and understand that if the rules are broken I will be sent home, at the sole discretion of the Mock Trial Summer Camp Director and at the expense of his/her parent/guardian. I understand the rules, have asked questions if I had any, and realize that breaking any rules (and not just those listed on this paper) can result in suspension of participation and/or being sent home early from Mock Trial Summer Camp without refund of any fees.

Student Signature: _____

Witness signature: _____

Date: _____

**THIS FORM MUST BE COMPLETED AND RETURNED WITH THE
REGISTRATION PACKET FOR THE STUDENT TO BE REGISTERED FOR
THE 2009 CT MOCK TRIAL SUMMER CAMP**

Connecticut Mock Trial Summer Camp

July 27-31, 2009 Hartford, CT

RULES

1. Students shall arrive at Camp on time each day prepared to participate in all activities.
2. Students will participate in all daily Camp activities.
3. Dress Code: All students are required to wear a collared shirt. Students may not wear cut-offs, clothes that expose mid-riff, shorts, skirts, dresses or skorts shorter than a 7” inseam, flip-flops, tank tops or jeans. Students that arrive dressed in violation of this dress code will be given Camp issued clothes to wear during Camp activities for the day. If a second violation occurs, the student may be removed from Camp participation without refund of any fees.
4. Students are expected to understand that they will be present in State buildings where work may be being conducted and must behave appropriately.
5. Civility and professionalism are required at all times.

Connecticut Mock Trial Summer Camp

July 27-31, 2009 Hartford, CT

RELEASE

In connection with the 2009 CT Mock Trial Summer Camp, I acknowledge that I/my child may be photographed and/or videotaped during any Camp activities including the competition and consent to any and all uses for publicity or educational purposes of said video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I/my child may be portrayed.

Student Name (please print): _____

Student Signature: _____

Parent/Guardian signature (if under 18 years of age): _____

Parent/Guardian printed name (if under 18 years of age): _____

Date: _____

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Connecticut Mock Trial Summer Camp
July 27-31, 2009 Hartford, CT
STUDENT PERMISSION FORM

Please Print

Student Name: _____ Date of Birth: _____

Name of parent/guardian: _____

EMERGENCY CONTACT

Name: _____ Daytime phone: _____

Other phone: _____

I give, _____ (Student Name), permission to participate in all aspects of the 2009 CT Mock Trial Summer Camp, being held at Hartford, CT from July 27-31, 2009.

Parent/Guardian name (print)

Parent/Guardian Signature

Authorization for Medical Treatment of Minors:

I, being the parent/legal guardian of the above named minor, do hereby appoint the faculty and staff of the 2009 CT Mock Trial Summer Camp to act on my behalf in authorizing medical, dental, surgical, or hospital care regarding the above mentioned minor should I not be able to be reached at the telephone number indicated below during the period of July 27-31, 2009.

Parent/Guardian Signature

Witness Signature

Daytime phone: _____

Other phone: _____

Medical Coverage for the Above Named Minor:

Insurance Company/HMO

ID/Group Contact Number

Please include a photocopy of your child's insurance card.

Medical History:

Is your child allergic to any medications? ____ Yes ____ No

If yes, please list those here: _____

Will your child be taking any prescription medications during Camp? ____ Yes ____ No

If yes, please note that your child will be responsible for his/her own medications.

Is there anything in your child's medical history that should be known in an emergency (medications, health conditions)? _____

Does your child have any medical condition that requires special accommodations or attention? _____

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REGISTRATION FORM

PLEASE PRINT

Name _____

Date of Birth _____ Grade Entering 2009-2010 _____

School Name _____

Parent/Guardian Name _____

Home Address _____
Street City Zip Code

Home Phone _____

Email Address _____

Cell Phone _____

Parent/Guardian Daytime Phone Number _____

How many years have you been on your school's mock trial team? _____

I am a _____ male _____ female

_____ Please send me a scholarship application packet.

Student signature _____

Parent/Guardian Signature _____

Date _____

Students must submit the entire packet of materials at the same time.

- _____ **Registration Form**
- _____ **Student/Parent Rules Agreement**
- _____ **Student Permission Form**
- _____ **Release**

**For questions or more information call or email Beth J. DeLuco, Assistant Director,
CCLCE, (860) 509-6184; clce@mindspring.com
Application materials also available online at www.cclce.org.**