



HEADS UP! HARTFORD CAMP 2011

Welcome to the 2011 registration packet for
Heads Up! Hartford (HUH).

Heads Up! Hartford is a faith based urban/suburban teen work camp. **We will be working hard** and having fun too! Evenings will be filled with team and community building events including music, dance and community speakers.

Here you will find several forms for you and your parent/ guardian to read thoroughly and sign where indicated.

If you have any questions you can call your Church Rep, your Church Youth Minister, Jason Sit, HUH Registration Coordinator at email sit.jason@gmail.com or Susan Sit, HUH Communications at email headsuphartford@gmail.com.

For 2011, all applicants must currently be in grades 9 – 12. All applications will be accepted on a first come first served basis: the first 50 complete registration forms from suburban churches and the first 50 from urban churches. Registrations over those numbers will be held on a waiting list and you will be notified. 8th grade applications will be placed on a waiting list until April 15.

Included in this packet are these forms:

- Packing List
- Registration Form
- Medication Authorization Form (State mandated). *Please do not send Over The Counter medications with your child. We will have supplies at camp.*
- Physical Health Form (State mandated). *Any Physical Health Form taken within the last 3 years is acceptable. Please copy and staple it to the HUH Physical Health Form.*
- Emergency Treatment Consent
- HUH Policies Consent
- HUH Search and Seizure Policy and Consent
- Riverfront Recapture Release Form

These forms, once completed and signed, must be returned to your Church Rep by Sunday, April 4, 2011 at the latest.

Heads Up! Hartford - 2011

LIST OF THINGS TO BRING TO CAMP

Work clothes (shorts, long pants and crew neck T-shirts, but no tank tops, muscle shirts, spaghetti straps or short shorts)
Shoes for work (hard sole, closed toe - **REQUIRED**)
Comfortable clothes and sneakers for play and evening activities (no tank tops, spaghetti straps, muscle shirts or short shorts)
Work gloves (recommended)
Church clothes
Fan for the room
Extension cord with additional plug capability
Toiletries
Flip flops for shower
Beach towel
Swimsuit
Sun block
Hat
Flashlight with extra batteries
Rain gear
Bug spray/insect repellent
Room air freshener
Alarm clock
Spending money (\$20), if you wish, for final fun day.
Prescription medications (do not bring OTC as we have supplies)
Frisbee, softball glove, football, playing cards, board games
Warm Fuzzies! (colored notepaper, markers, stickers)
Things you might need for the talent show e.g., dance shoes, music, musical instruments, juggling balls, etc.
Air Mattress, if you have one, with pump (both clearly labeled)

The doors aren't secure so we don't recommend you bring any valuable items such as iPod, PSP etc.

WHAT NOT TO BRING...

Cell phones are not permitted (you can use an adult advisor's phone, if necessary). iPods or other valuables, are not recommended as there is no safekeeping, doors are not lockable and we are not responsible for stolen items.

Rev. 2/4/11

2011 Camper Registration Form – HUH Date Rec'd by Church Rep _____
Date Rec'd by Reg. Coordinator _____

Student's Name _____ Male _____ Female _____

Student info: (Home) Phone _____ (cell) _____

Student Email address (Pls. PRINT) _____

Year of High School Graduation: _____ Date of Birth: ____/____/____

Church name _____ Youth Director's name _____

If you attended a HUH camp before, which years? 2007 ____ 2008 ____ 2009 ____ 2010 ____

Parent/s Name _____

Parent info: (cell) Phone _____ Email _____

Mailing Address _____

I hereby grant permission to my child to participate in Heads Up! Hartford! and for them to be transported to various worksites with their team members by HUH advisors.

Parent Signature _____

I hereby agree to participate respectfully in **HUH** and to abide by the rules laid down for this week. I understand that—although this mission trip is close to home—I will not contact my home or friends not participating in **HUH** during this time. I will not bring a cell phone or computer or any electronic media to this event.

Student Signature _____

Are members of your family able to attend the closing worship service at 7:30 on Thursday, June 30th? Yes ____ No ____

We will need air mattresses. Will you be able to bring one? YES ____ NO ____

Is/are your parent(s) able to help on any afternoon (2:30 - 5:30 pm)? If so, please have them complete an ADULT VOLUNTEER form found on the web site.

If you desire a scholarship, you may speak confidentially with your Church's Youth Director or check here if you so desire _____. We will call you.

Name of one other person whose room should be close to your room (or who may be a roommate as rooms may be doubles this year) _____

Pls. check your t-shirt size: ex-large ____ large ____ medium ____ small ____

PLEASE ATTACH A CHECK FOR \$375 (made out to Heads Up! Hartford) TO COVER ROOM AND MEALS

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES FOR HEADS UP HARTFORD

The Connecticut State law and regulations require a physician's written order and parent or guardian's authorization for a nurse to administer medicinal preparations or, in her/his absence, (Section 10-212a)

Epi pens, asthma inhalers sun block and oral contraception may be self-administered and carried by the camper at all times. Parent /Guardian Initials _____

Name of Child:		Date:	
Address:		Date of Birth:	
Condition for which medication is being administered:			
Name of Medication:		DOSE:	Time of Administration:
Relevant side effects to be observed, if any:			
Other suggestions:			
Length of time during which medication shall be administered: From _____ to _____			
Physician's name/title: (Type or print)		Address:	Phone:
Signature of Physician: M.D.		Date:	
Signature of Parent/Guardian:		Diabetic Supplies: I give permission for HUH to hold (Syringes, Insulin, Glucometer Initial:	

Medication should be in the original prescription container labeled with the date, name of drug, dosage, interval and physician's name and prescription number.

PARENT / GUARDIAN AUTHORIZATION FOR NONPRESCRIBED MEDICATION

I hereby request permission for my child named above to receive over-the-counter medication (i.e., Ibuprofen, acetaminophen including topical agents and sunscreen) for minor physical complaints, fever, which shall be administered by the Heads UP Hartford Registered Nurse or Designee.

Parent/Guardian Signature: _____ Date: _____

**HEADS UP! HARTFORD - PHYSICAL HEALTH EXAM/RECORD 2011
FOR CAMPERS AND STAFF**

PHYSICAL EXAMS ARE VALID FOR THREE YEARS FROM DATE OF THE LAST EXAM

- CAMPER
 ADULT VOLUNTEER

*Please return completed form by April 4 along
with the other Registration documents*

NAME _____ D.O.B. _____ PHONE _____

GUARDIAN _____ ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

DATE of CAMP _____

To Be Completed by a Medical Professional:

DATE of EXAM ____/____/____

Please check normal findings:

RESP _____ HEENT _____ Cardiac _____
NEURO _____ Orthopedic _____ GLASSES/CONTACTS _____ Hearing Aids _____

Is the patient being treated currently for any medical conditions? _____

Medications: _____

ALLERGIES: _____ Special Diet: _____

Special Needs: _____

Please list any known medical conditions, illnesses, prior injuries or physical restrictions which may limit participation during camp _____

The camper/staff is up to date on all following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practice: yes _____ no _____ EXPLAIN _____
(Attached list of immunizations preferred)

Date of last Tetanus Booster: _____

Print name of Medical care Provider: _____

Address _____ Phone _____

Signature of Physician, PA, APRN or RN _____

EMERGENCY TREATMENT CONSENT FORM 2011 – HEADS UP! HARTFORD

Camper name: _____

ALLERGIES: _____ TETANAS CURRENT: YES _____ NO _____

I, _____ am the parent or guardian having legal custody of _____, a minor, age _____, born _____ (m/d/yr) and which child is enrolled in the _____ Church.

STUDENT'S CHRONIC/RECURRING ILLNESS

Earaches _____ Diabetes _____ Rheumatic Fever _____
Sinusitis _____ Respiratory Infect. _____ Heart problems _____
Asthma _____ Epilepsy _____ Stomach aches _____
Head Injury: _____ Depression/Behavioral Problems: _____ other: _____

MEDICATIONS BEING TAKEN (Name and explain) _____

I hereby give consent for said minor to participate in the *Heads Up! Hartford Camp*

I hereby authorize, in the event I cannot be contacted, that the Camp Director, Anna Aramini, or in her absence, the acting Adult Youth Advisory staff person, an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Connecticut, and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to said minor under the general or special supervision and on the advice of any dentist licensed to practice in the State of Connecticut, during the said minor's absence from home.

I understand that this authorization is given prior to any need for medical care or treatment for said minor and prior to the actual scheduling of the day trip(s), but it is given by me to avoid any unnecessary delay in obtaining my consent for such day trip(s) and to avoid unnecessary delay in the administration of necessary medical treatment for said minor which the Camp Director or Adult Youth Advisory Staff and physician or dentist may deem advisable in the exercise of their/his/her best professional judgment.

Date: _____ **Signature of parent or guardian** _____

Street address, Town, State, Zip _____

(Home Telephone) *(Work Telephone)* *(Cell Telephone)*

Please specify an emergency contact if we cannot reach you during the Heads Up! Hartford Service Week:

Name _____

Phone/Cell phone _____ Relation to Student _____

Heads Up!Hartford Policies

The following policies are in place to help provide a safe environment where students and advisors are able to live the HUH mission each and every day of Camp. All questions concerning policies should be referred to the Camp Director.

1. Absolutely NO ALCOHOL, DRUGS, CIGARETTE SMOKING OR ANY SEXUAL ACTIVITIES – any of these infractions by students, interns or advisors will be cause for immediate dismissal.

2. No PDA's (Public Displays of Affection) such as touching, kissing, and sitting on laps will be tolerated. PDA's will be grounds for immediate student / intern dismissal or warnings, depending on severity of infraction.

3. Visitation Policy

No visitation will be allowed by the opposite sex on designated floors. The women's floor is off-limits to men and the men's floor is off-limits to women at all times. This applies to advisors/interns/volunteers (unless advised by Camp Director) as well as students.

We do not accept day visitors to any student unless they are parents of students who are challenged in some way so as to need parental support. All parents must check in with the Camp Director, or his designee, prior to finding their son/daughter. No students can come to HUH for just a day or part of a day. Parents and parishioners from attending churches who have signed up for specific volunteer duties may attend as day visitors.

No unauthorized visitors to students are allowed. All Volunteers must check in with the director or his designee upon arriving at Camp so that we can provide the proper assignments and directions for volunteer work. Nametags will be provided and will be worn at all times

4. Leave Time Policy

Except in the event of a medical emergency, no student is allowed to leave HUH early or come late for any reason, or leave the Camp for ANY portion of time, without previous clearance from the Director. In the event of a medical emergency, an adult volunteer must be notified immediately. Under no circumstances is a student to leave HUH! Once they are registered without clearance from the Director or his designee. Violation of this policy will be grounds for immediate dismissal from the Service Week. This policy includes outside jobs, summer school and any other reasons previously excused by the Director prior to Camp.

5. Cell Phone Policy

We encourage interaction among the registered students and no student cell phones will be allowed. Anyone needing to make a call for any reason can contact one of the advisors, who will direct them to an available phone.

6. Expected Behavior

All students are expected to act in a mature and responsible manner. During scheduled activities, the expectation is to pay attention, giving respect to the presenter, no horseplay, be on time and participate. At work sites, students are expected to treat all people with respect, complete assigned work, and ready to work on time each morning; this includes closed toed shoes – NO SANDALS at the work sites. We are working very hard to project a respected, valued image in the Hartford area community and we are looking to build respect for our program, which is imperative for future Camps and community support.

7. Expected Dress

All students are expected to dress in a conservative manner. At worksites, all students are expected to come dressed appropriately (no spaghetti strap tops, tank tops, muscle shirts or excessively short shorts) and during down time, the same dress code will be expected. A crew neck t-shirt is a preferred shirt. Students who do not adhere to this policy will be asked to go and change into appropriate shirt/shorts or may be given a crew neck t-shirt to wear.

8. Discipline

Anyone violating these policies or acting in a disruptive or unruly manner will be referred to the Camp Director for appropriate action. The Camp Director reserves the right, in his discretion, to dismiss a student, intern or advisor, and to call parents for immediate pick-up if necessary.

9. Right of Inspection

The Camp Director as well as Interns and Advisors reserve the right to inspect students' rooms and belongings at any time while Camp is in session to insure that the above policies are being adhered to at all times.

10. Valuables

No one should bring valuables, such as iPods, laptops, stereos, boom boxes, good cameras, jewelry, excess cash to camp, as there is no place to lock and secure these items. If you bring valuables, you do so at your own risk.

I am an intern / advisor at HUH and understand the policies as stated, agree to adhere to the above stated policies, and agree to hold students accountable for these policies.

Name: _____

Signature

Date

I am a student at HUH and understand the policies as stated and agree to adhere to the policies during Camp. I understand that I may be dismissed from HUH! if I do not comply.

Name: _____

Signature

Date

Heads Up! Hartford Search and Seizure Policy
& Use of Camper Photographs on HUH Website -2011

The following policy is in place to help provide a safe environment where students, interns and advisors are able to live the HUH mission each and every day of Camp. All questions concerning policies should be referred to the Camp Director.

The organizers of Heads Up! Hartford reserves the right to inspect HUH participants' rooms and belongings while at the Camp. At check-in, all suitcases will be searched for items such as alcohol, tobacco, drugs including OTC meds, cell phones etc.

I am an intern / advisor at HUH and understand the policy as stated, agree to adhere to the above stated policy, and agree to hold students accountable for this policy.

Name: _____

Signature

Date

I am a camper at HUH and understand the policy as stated and agree to adhere to this policy during Camp. I understand that I may be dismissed from HUH if I do not comply.

Name: _____

Signature

Date

Camper Picture on the Internet

At times student's pictures may appear on the HUH web page for an informational slideshow. The pictures are usually of groups of children. No last names will appear.

_____ HUH has permission to use pictures of my child on the HUH web site.

_____ HUH does not have permission to use pictures of my child on the HUH web site.

Parent's/Guardian's Signature _____ Date
