



HEADS UP! HARTFORD CAMP 2017
Camper Registration Form

CAMPER NAME: _____ Male _____ Female _____

Grade Level: 8 9 10 11 12 (circle one) Year of HS grad: _____ Date of Birth: ____/____/____

School Name: _____ Church / Organization Name: _____

Student Phone: (Cell) _____ Student email address: _____

- > If you attended a HUH camp before, which years? 2013 2014 2015 2016 (circle all applicable)
> If not, are you able to attend an open house to see camp on Saturday, June 10? Yes No (circle one)
> Are you CPR Certified: Yes No (circle one) If YES - please ATTACH copy of certificate
> CAMPER t-shirt size (adult size shirts) Please circle one : S M L XL XXL
> Swim Level: (circle one) Non-Swimmer Beginner Intermediate Expert Certified Lifeguard
> Are you interested in being a member of Youth Advisory Board (YAB): Yes No (circle one)
> If you are/have been a YAB, which years? (circle all that apply) 2013 2014 2015 2016
> Room preference: Single Double (circle one) Roommate Preference: _____

NO Guarantees of rooming options HUH staff will assign rooms

* If camper is attending with family member(s) with the same contact info, please check this box [] and list their names on the line below. We will copy the information below to the listed family members.

Parent/Guardian name(s): _____

Parent/Guardian address: _____

City _____ State _____ Zip _____

Parent/Guardian cell #(s) _____

Parent/Guardian email(s) _____

I can volunteer at camp on a morning or afternoon. If so, please complete an ADULT VOLUNTEER registration form found on the web site www.headsuphartford.org. We would appreciate your help!

I grant permission for my child to participate in Heads Up! Hartford camp. I understand that he/she will work at, and be transported to, various work sites around Hartford County with their team members by HUH Counselors or bus drivers in vans, buses, or cars. I understand potentially dangerous equipment may be used at work sites and that we will be working where there is likely to be poison ivy, etc.

I also grant permission for HUH to use pictures of my child on the HUH and work site partners' websites or the HUH informational slide show. Campers are usually pictured in groups. No names will be used.

Parent/Guardian signature: _____ Date: _____



If you desire a scholarship for your camper, you may speak confidentially with your Church or Organization's Youth Director or check here _____ so that we may call you. **However, a minimum family payment of \$ 75 is mandatory.**

You may need an air mattresses / air pump. Will you be able to bring one? YES NO

During the course of the week at Heads Up! Hartford, the teens engage in a great deal of small group discussion that often results in significant self-reflection. If your child has been involved in psychological treatment or has been struggling with serious emotional issues that may make them more vulnerable, we suggest that you contact us for a confidential discussion with our psychologist or APRN to determine if this is the opportune time for them to come to camp.

Please circle if you would like to be contacted by a clinician to discuss your child's participation.

Yes No

The **closing ceremonies** will start at 7:00PM on Thursday, June 29, 2017. The campers leave camp directly following the ceremony at about 8:15PM. Your camper **MUST** be signed out before leaving camp. **Who will be picking up your camper?**

Name: _____ Cell phone # _____

TO BE COMPLETED AT CHECK OUT ONLY - by person picking up the camper:

Picked up by _____ Date: _____

(signature)

Mail registration to: **Shelby Demke**
 1985 Boulevard
 West Hartford, CT 06107

If you have any questions or if you would like to scan and email forms to: **huhreg@gmail.com**