



HEADS UP! HARTFORD CAMP 2016
Camper Registration Form

CAMPER NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current Grade: 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: \_\_\_\_\_

Family Phone: \_\_\_\_\_ Family email address: \_\_\_\_\_

- If you attended a HUH camp before, which years? 2012 2013 2014 2015 (circle all applicable)
➤ If not, are you able to attend an open house to see camp on Saturday May 21 (begins at 12:30) Yes No (circle one)
➤ Are you CPR Certified: Yes No (circle one) If Yes - 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)
➤ Room preference: Single Double (circle one) Roommate Preference: \_\_\_\_\_
NO Guarantees of rooming options .... HUH staff will assign rooms

Parent/Guardian name(s):

\_\_\_\_\_

Parent/Guardian address:

\_\_\_\_\_

City \_\_\_\_\_ CT \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian cell # \_\_\_\_\_

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 30, 2016. 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 # \_\_\_\_\_

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

Picked up by \_\_\_\_\_ Date: \_\_\_\_\_

(signature)

Mail registration to:    **Erica 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**