**Heads Up! Hartford!**

**Youth Leadership Workshop Registration Form 2019**

**January 26-27th 2019**

Camper’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper: (home) phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell) phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby agree to participate respectfully in HUH! and to abide by the rules for this workshop. I understand that—although this workshop 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 workshop. Similar to camp week, any cell phones will be collected.**

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: $25.00 per participant (contact us at Headsuphartford@gmail.com for confidential financial assistance if necessary)

**Time and Place: 2 pm Sat., Jan 26th to 3 pm Sun., Jan. 27th**

**Trinity Episcopal Church, 120 Sigourney St., Hartford, CT 06105**

**We need your help!**  The YAB weekend begins at 2pm on Saturday.  If you cannot make it by 2:30pm, we are asking that you wait to join us at 5-5:30pm or else 7:30-8pm.  By limiting arrivals to these 3 windows of time we are hoping to significantly limit interruptions and have a fun and productive weekend.  We so appreciate your understanding.

 **(Sun, 1-3 pm will be a Super Youth Group open to ALL – spread the word!)**

To Bring: sleeping bag, air mattress, PJs, toiletries (no shower facilities), medications, HUH nametag, HUH t-shirt for Sunday AND your creative thoughts and dreams about HUH!

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: (home)phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please specify an alternate emergency contact if we cannot reach you during the Workshop for Heads Up! Hartford!**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am hereby granting permission to my child to participate in the Youth Leadership Workshop for Heads Up! Hartford!**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Note to Parents**

*For safety sake when dropping off and picking up your YAB, please come into the building and sign in and sign out the YAB with the Adult Counselors. We look forward to seeing you! Thank you!*

**Emergency #s during the weekend –Gayle Wilcox****860-729-0992****,; Jim Pestana****860-874-3122****,**

**Julie McGarry****860-212-5859****,**