

**Youth Registration**

**Ages 6-9: July 12-16**

**Ages 10-13: July 19-23**

**Registration Deadline: June 15, 2021**

**Registration Fee: $50**

Youth Camp Juliena is a week-long virtual summer camp for kids ages 6-13 that are Deaf or Hard of Hearing. Through fun activities, campers form lasting friendships and acquire valuable leadership, team-building, social, and communication skills. Summer is fast approaching, so reserve space for your camper soon! We can’t wait!!

**Youth Camp Juliena - POLICIES AND AGREEMENT**

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

***Parents/Guardian Pledge and Signatures:***

\_\_\_\_\_ By signing this form, I hereby give my permission for my son/daughter to participate Camp Juliena through virtual.

\_\_\_\_\_ Yes, I understand that my son’s/daughter’s picture/video may be used in promotional materials such as brochures, newsletters, and videos

OR

\_\_\_\_\_ No, I do not want my son’s/daughter’s picture/video be used in promotional materials such as brochures, newsletters, and videos.

**Parents/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail the application with $50 registration fee to:

**Georgia Center of the Deaf and Hard of Hearing, Inc (GCDHH)**

**ATTN: Camp Juliena**

**2296 Henderson Mill Road, NE**

**Suite 115**

**Atlanta, Georgia 30345**

**Fax: (404) 299-3642**

**campjuliena@gcdhh.org**

**Youth Camp Juliena** **- Camper Application**

Camper’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: 6-9 or Age:10-13

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M F

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree of hearing loss: Deaf Hard of Hearing Speech Impaired Age of Onset: \_\_\_\_\_\_\_\_\_\_\_\_

Hearing augmentation: Hearing Aid Cochlear Implant No Aid/Implant

Race/Ethnicity: African-American Asian Caucasian Hispanic Native American Other

Camper’s T-Shirt size (Choose One): **Child**: Small Med Large

**Adult**: Small Med Large X-Large

How did you learn about Camp Juliena?

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Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_