

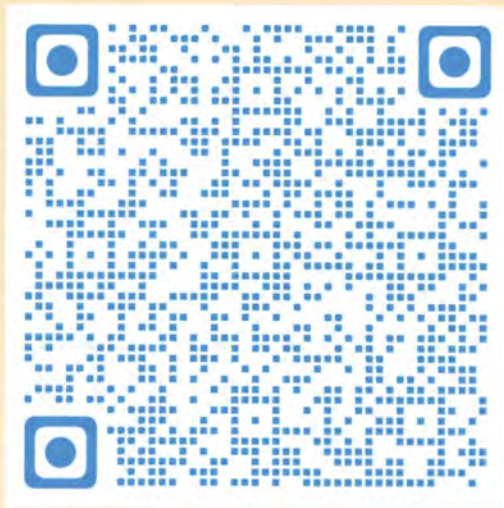
## Registration

Send this registration form via email to  
[healthcamp@calvin.edu](mailto:healthcamp@calvin.edu)  
or postal mail to:

**Calvin University Department of Nursing**  
**3201 Burton St. SE**  
**Grand Rapids, MI 49506-4403**

OR

Scan the QR code below or visit  
<https://calvin.edu/offices-services/camps/health/index.html>  
to register online or make a donation to  
sponsor a camper



## About H.E.A.L.T.H. Camp

This summer at H.E.A.L.T.H. (Health Education And Leadership Training for a Hopeful Future) Camp, campers will:

- Learn about exercise in the Calvin sports complex
- Use microscopes to see human cells
- Make healthy snacks
- Do hands-on activities at the Calvin Health Services Unit
- Learn about cool jobs in the medical field, like nursing, speech therapy, occupational therapy, medicine and social work

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## Location

Calvin University Department of Nursing  
3201 Burton St. SE  
Grand Rapids, MI 49506-4403

## Contact

[healthcamp@calvin.edu](mailto:healthcamp@calvin.edu)

## Social Media

[@calvinhealthcamp](https://www.instagram.com/calvinhealthcamp)



# H.E.A.L.T.H. CAMP 2024



**GIRLS AGES 9 - 15**  
**BOYS AGES 12 - 17**

## How do you know if H.E.A.L.T.H. Camp is right for your child?

H.E.A.L.T.H. Camp is for youth who want to discover more about their health and jobs in health care. If this is your child, **APPLY TODAY!**

### When is H.E.A.L.T.H. Camp?

#### **GIRLS Camp (2 weeks, 9am - 3pm)**

June 17 - 21 (ages 9 - 11)  
June 24 - 28 (ages 12 - 15)

#### **BOYS Camp (1 week, 9am - 3pm)**

June 24 - 28 (ages 12 - 17)

### Where is H.E.A.L.T.H. Camp?

On the campus of Calvin University where your child will get to meet our professors and students, and experience our world-class facilities.

### What is the cost to attend H.E.A.L.T.H. Camp?

**It's FREE!** But the camp is possible only through donations and funding from individuals and foundations. Please consider donating towards H.E.A.L.T.H. Camp to sponsor a child. Scan the QR code under Registration to donate.

## REGISTRATION FORM (GIRLS)

### CAMPER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (DD/MM/YY) \_\_\_\_\_  
School Name \_\_\_\_\_  
Grade the camper will be entering in the Fall \_\_\_\_\_

Which week of H.E.A.L.T.H. Camp will the camper be attending? (please select)

- June 17 - 21, 2024 (ages 9 - 11 )  
 June 24 - 28, 2024 (ages 12 - 15)

Adult T-shirt Size: XS S M L XL  
(please circle)

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Signature \_\_\_\_\_

How did you hear about H.E.A.L.T.H. Camp?  
\_\_\_\_\_

Will you be able to transport your child to and from the camp? YES NO

Has your child attended H.E.A.L.T.H. Camp in the past? \_\_\_\_\_

Please list any medical or food allergies.  
\_\_\_\_\_

Any other questions or concerns:  
\_\_\_\_\_

## REGISTRATION FORM (BOYS)

### CAMPER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (DD/MM/YY) \_\_\_\_\_  
School Name \_\_\_\_\_  
Grade the camper will be entering in the Fall \_\_\_\_\_

Which week of H.E.A.L.T.H. Camp will the camper be attending? (please select)

- June 24 - 28, 2024 (ages 12 - 17)

Adult T-shirt Size: XS S M L XL  
(please circle)

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Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Signature \_\_\_\_\_

How did you hear about H.E.A.L.T.H. Camp?  
\_\_\_\_\_

Will you be able to transport your child to and from the camp? YES NO

Has your child attended H.E.A.L.T.H. Camp in the past? \_\_\_\_\_

Please list any medical or food allergies.  
\_\_\_\_\_

Any other questions or concerns:  
\_\_\_\_\_