# HEP TX Camps and Workshops

**2025 Registration Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_Grade 25-26\_\_\_\_\_\_\_\_Male/Female\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell/Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell/Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Cell/Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any medical concerns? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any learning differences? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEAM CAMP T-shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Information:**

* Students new to HEP TX must pay a new student registration fee of $25.00 for the summer.
* Returning HEP TX Students pay NO fee if enrolled for the 25-26 school year already.

|  |  |  |
| --- | --- | --- |
| Camp/Workshop Name (list each class you are purchasing). | Cost | Paid |
| **Examples:** MS Writing Camp | $175 |  |
| New Summer Student Fee | $25 |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Payment Information:**

Cash Check

Credit Card Type: Visa, MC, Discover, Am. Express – 3% surcharge to use CC

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVS # \_\_\_\_\_\_\_\_\_

Address for CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code for CC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Agreement**—Read carefully as this is a legal contract:

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas and myself. **I understand and agree to pay in full for the camp that my child is enrolled in even if my child withdraws from the camp.** HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX'S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Relationship Date

Form update: 1/22/25