

HCA Summer Camp Registration

CAMPER INFORMATION

Student Name: _____ **Nickname:** _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of Birth: ____/____/____ **Gender:** _____

Current School: _____ **Exiting Grade:** _____

FAMILY INFORMATION

Parent/Guardian: Parent/Guardian:

Name: _____ **Name:** _____

Home phone: _____ **Home phone:** _____

Work phone: _____ **Work phone:** _____

Cell phone: _____ **Cell phone:** _____

Email: _____ **Email:** _____

Occupation: _____ **Occupation:** _____

Employer: _____ **Employer:** _____

If Child becomes sick or injured at camp please call first: _____

T-SHIRT SIZE: S-6-8 M-10-12 L-14-16 Adult S

WEEKS OF ATTENDANCE: PLEASE CHECK

___ Week #1: HCA Olympics ___ After Camp needed (3:00-5:30)

___ Week #2: Space ___ After Camp needed (3:00-5:30)

___ Week #3 Animal Planet ___ After Camp needed (3:00-5:30)

___ Week #4 Architects vs. Archaeologists ___ After Camp needed (3:00-5:30)

___ Week #5 Meet Me in St. Louis ___ After Camp needed (3:00-5:30)

EMERGENCY CONTACTS/AUTHORIZED PICK UP: Please list the emergency contacts and those authorized to pick up child from camp.

Name: _____ **Relationship:** _____ **Phone:** _____

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HEALTH INFORMATION:

If applicable, please provide the following information.

Student Allergies: _____

Does your child have an epi-pen? _____ Yes _____ No

Please describe any medical conditions: _____

Does your child have an inhaler? _____ Yes _____ No

Has your child been stung by a bee/wasp? _____ Yes _____ No Describe reaction _____

WALKING FIELD TRIPS:

I give permission to Holy Cross Academy summer camp staff to walk my child to the Shrewsbury swimming pool, Shrewsbury fire station, Shrewsbury bowling, Brinkop Park, and the Shrewsbury Public works building. **Parent's initials** _____

SWIM INFORMATION: CHECK ALL THAT APPLY

___ My child has never had swim lessons _____ My child likes to play in the water

___ My child can doggy paddle in the water _____ My child is beginning to swim independently

___ Due to COVID during summer 2020, my child didn't swim during the summer

Any other information you want to share about your child's swimming skills: _____

I authorize summer camp staff to put on sunscreen. I will provide the sunscreen. **Parent's initials** _____

MEDICAL RELEASE

I understand that basic first aid will be given to my child at school for minor incidents. If an emergency requiring additional medical care is needed, I hereby authorize Holy Cross Academy staff members to take my child to a local hospital and/or call an ambulance, if I can't be contacted or during an emergency.

Physician's Name: _____ Clinic: _____

Address: _____ Phone: _____

For emergency medical treatment my preferred hospital is: _____

Hospital Phone: _____

Any other information you would like the summer camp staff know about your child:

Parent/Guardian Signature: _____ Date: _____