



## Summer Camp 2026

### CAMPER INFORMATION

**Camper Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ (STREET) (CITY) (STATE) (ZIP)  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_  
**Current School:** \_\_\_\_\_ **Exiting Grade:** \_\_\_\_\_

### FAMILY INFORMATION

<b>Mother:</b>	<b>Father:</b>
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: \_\_\_\_\_

**PAYMENT:** I acknowledge my FACTS account will be charged the first week of May 2025 for my total summer camp fees.

Parent initials \_\_\_\_\_

### T-SHIRT SIZE:

Child small-6-8    Child medium-10-12    Child large- 14-16  
Adult Small        Adult medium        Adult large  
Adult extra large

### WEEKS OF ATTENDANCE: PLEASE CHECK:

___ Week #1: <b>CHRISTMAS IN JUNE</b>	___ Week #3 <b>SPORTS</b>
___ Week #2: <b>DISNEY</b>	___ Week #4 <b>SPACE</b>



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### EMERGENCY CONTACTS/AUTHORIZED PICK UP:

Please list the emergency contacts and those authorized to pick up child from camp.

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### HEALTH INFORMATION:

If applicable, please provide the following information.

Camper 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 around the campus.

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 independently

\_\_\_\_ My child is beginning to swim

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

\_\_\_\_\_

I authorize HCA summer camp staff to put on sunscreen.

Parent's initials \_\_\_\_\_



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### BUS FIELD TRIPS:

I give permission for HCA to use our Shuttle Bus Service to transport your camper to fieldtrips each week.

Parent Signature \_\_\_\_\_

### 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: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated camp employees on the stated dates.

Print Parent/Guardian Name: \_\_\_\_\_

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