



Summer Camp 2026

CAMPER INFORMATION

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

FAMILY INFORMATION

| | |
|-------------------|-------------------|
| Mother: | Father: |
| 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: **CHRISTMAS IN JUNE**

Week #3 **SPORTS**

Week #2: **DISNEY**

Week #4 **SPACE**



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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: _____