

# Holy Cross Academy

## SUMMER CAMP 2024

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

### 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: Happy Campers

\_\_\_ Week #3 Under The Sea

\_\_\_ Week #2: Wide World Of Sports

\_\_\_ Week #4 Out Of This World

# Holy Cross Academy

## SUMMER CAMP 2024

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

# Holy Cross Academy

## SUMMER CAMP 2024

### BUS FIELD TRIPS:

I give permission for HCA to use our Shuttle Bus Service to transport your camper to fieldtrips and the pool 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: \_\_\_\_\_