



**Holy Family Summer Camp 2022 Registration Form  
Theme: Daughters of the King**

**Our five-day summer camp is designed for girls, ages 7-10 and ages 11-15.**

**Dates: Monday, July 25, 2022 to Friday, July 29, 2022**

**PURPOSE:** This program provides young girls with the opportunity to deepen their faith and develop Christian character by meeting, sharing, working, praying and enjoying one another's company.

**ACTIVITIES:** Regular camp activities include outdoor recreation, arts and crafts, small group skits, icebreakers, swimming, trip to the beach, a themed party, and much more! Throughout the days, campers will be immersed in the Sacraments, Sacred Scripture, and prayer. Each day includes spiritual talks, Adoration, and rosary. Campers will attend one Holy Mass with us and have the opportunity to receive the Sacrament of Reconciliation.

**TO REGISTER:**

**Complete Registration Forms – online or download and submit by mail**

**Pay Registration Fees – securely online or send in check by mail**

**Total Fees: \$250; minimum Deposit of \$50 due at Registration to reserve spot.**

**Remaining balance due by June 30, 2022. Registration Fees/Deposit are not tax deductible.**

If you would like to send in your registration fee, please make checks payable to: **Holy Family Motherhouse, and mail to: Holy Family Summer Camp, 54 West Main St., Baltic, CT 06330**

***For questions, please contact:***

**Sister Mary Kathleen, SCMC  
860-388-1517**

**OR**

**Sister Rafael, SCMC  
860-822-8241**

**[srmarykathleen@gmail.com](mailto:srmarykathleen@gmail.com)**



**HOLY FAMILY SUMMER DAY CAMP 2022  
CAMPER REGISTRATION FORM**

**CAMPER INFORMATION**

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
FIRST MIDDLE LAST MONTH / DAY / YEAR

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_

**T-SHIRT SIZE**

Children's Sizes: \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large

Adult Sizes: \_\_\_\_\_ Large \_\_\_\_\_ XL

Camper's age by July 25, 2022 will be \_\_\_\_\_.

Please check all that applies to you:

\_\_\_\_\_ I have already attended Holy Family Summer Camp:

\_\_\_\_\_ one summer \_\_\_\_\_ two summers \_\_\_\_\_ three or more summers

\_\_\_\_\_ This will be my first time attending Holy Family Summer Camp!

**PARENT/GUARDIAN INFORMATION**

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Cell Phones(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail address(es):  
\_\_\_\_\_

**PHOTO/VIDEO PERMISSION**

I \_\_\_\_\_ give permission for picture(s) and/or video to be

**Signature of Parent or Guardian**  
taken of \_\_\_\_\_ during summer camp. The pictures

**Name of Camper(s)**  
and/or videos may be used at the discretion of the Sisters of Charity of Charity including, but not limited to, on their website and/or social media accounts.

Other important needs or concerns that you would like us to be aware of about your daughter:

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

**ENCLOSED IS MY NON-REFUNDABLE REGISTRATION FEE \$50.00 PER GIRL  
(if submitting by mail.)**

**Please mail the completed forms to:  
Holy Family Summer Camp  
Attn: Sister Mary Kathleen, SCMC  
54 W Main St  
Baltic, CT 06330**

**HOLY FAMILY SUMMER CAMP 2022**  
 Sisters of Charity of Our Lady, Mother of the Church  
 54 West Main Street; BALTIMORE, CONNECTICUT 06330 \* Telephone: (860) 822-8241

**CONFIDENTIAL HEALTH HISTORY**

Dear Parent or Guardian,  
 In order to provide the best experience, camp personnel must understand your child's health needs. This includes requests for information from you as well as signed forms from your child's physician if medication is to be given during camp hours. If you have any questions, please contact Sister Mary Kathleen at the above phone number or by email: [sistermarykathleen@gmail.com](mailto:sistermarykathleen@gmail.com).

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Age as of July 25th: \_\_\_\_\_  
 Grade in School: \_\_\_\_\_

Please answer these health history questions about your child.

My child has:  Allergies(Please specify below)  No Known Allergies

Insects	Medicines	Food	Environmental

Does your child require an Allergy Injection Kit (EpiPen)?  Yes  No Does your child require Benedryl?  Yes  No

If "Yes", please explain: \_\_\_\_\_

**Chronic Disease Assessment:**

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of an **Asthma Action Plan** to Holy Family Summer Camp

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source  
**Allergies** If yes, please provide a copy of an **Emergency Allergy Plan** to Holy Family Summer Camp  
 History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

ADHD/ADD	Y	N	Any problems hearing	Y	N	Bleeding more than expected	Y	N
Any problems with vision	Y	N	Any problems with speech	Y	N	Problems breathing or coughing	Y	N
Uses contacts or glasses	Y	N	History of fainting/blacking out	Y	N	Any neck or back injuries	Y	N

Please explain all "yes" answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My daughter's immunizations are:  Up to Date  Other - Please explain: \_\_\_\_\_

\_\_\_\_\_

This camper has a developmental, emotional, behavioral or psychiatric condition that may affect his or her experience.  
 Explain: \_\_\_\_\_

This camper may:  participate fully in the Camp program  
 participate in the camp program with the following restriction/adaptation: \_\_\_\_\_

This camper may:  participate fully in athletic activities and competitive activities  
 participate in athletic activities and competitive activities with the following restriction/adaptation: \_\_\_\_\_

Is there anything you want to discuss with the Camp nurse or Camp leaders? Y N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Print Name of **Parent/Guardian** completing form: \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

Signature of **Parent/Guardian** completing Form: \_\_\_\_\_ **Date completed:** \_\_\_\_\_

**HOLY FAMILY SUMMER CAMP 2022**  
 Sisters of Charity of Our Lady, Mother of the Church  
 54 West Main Street; BALTIC, CONNECTICUT 06330 \* Telephone: (860) 822-8241  
 Email: [sistermarykathleen@gmail.com](mailto:sistermarykathleen@gmail.com)

**CONFIDENTIAL HEALTH HISTORY FORM (Continued)**

Name of Camper:	DOB:
Primary Care Provider	
Health Insurance Company/Number* or Medicaid/Number*	

Does your child have health insurance?    Y    N    **Please include copies of your daughter's insurance card(s) (front and back.)**  
 Does your child have dental insurance?    Y    N

Will your child need to take any prescription medications while at camp?  
 Yes Please list below     No My child does not take prescription medication

Will your child need to take over-the-counter medicines regularly at camp?  
 Yes Please list below     No My child does not take over-the-counter medication

Name of Medicine	Amount/size of pill	Dose (How many pills?)	To be given at what time?
<i>Example: Dexadrine</i>	<i>10 mg.</i>	1	10:00 am
Over-the-counter Medication	Amount/size of pill	Dose (How many pills?)	To be given at what time?

*All medications taken at camp require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the Camp nurse and health care provider for confidential use in meeting my child's health and educational needs at camp.	_____ Signature of Parent/Guardian	_____ Date
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*Please list below any other Medical Professionals that may be needed for the care of your daughter.*

Name \_\_\_\_\_ Specialty \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDITIONAL COMMENTS:

*\*Please note: Confidential information about your camper's health may be shared only with other Camp staff that need to know to protect your child's safety. Please contact the camp nurse or summer camp leaders with any concerns of this policy.*

Name of **Parent/Guardian** completing form: \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

Signature of **Parent/Guardian** completing form: \_\_\_\_\_ **Date completed:** \_\_\_\_\_



**HOLY FAMILY SUMMER DAY CAMP  
DROP-OFF/PICK-UP AUTHORIZATION**

\_\_\_I/We hereby grant permission for the following adults to drop-off and pick-up my/our child to/from the Holy Family Summer Day Camp directed by the Sisters of Charity of Our Lady, Mother of the Church.

\_\_\_I/We understand that my/our child will only be permitted to leave with the parents / guardians or the person(s) listed below, unless I/We later provide written consent for additional person(s) to drop-off and pick-up my/our child.

As a reminder, the times for Holy Family Summer Day Camp are:

- \* Monday, July 25th - Thursday, July 28th      9:00 am - 4:00 pm daily
- \* Friday, July 29th                                      9:00 am - 8:00 pm

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HOLY FAMILY SUMMER DAY CAMP 2022**  
**EMERGENCY CONTACT INFORMATION**

**List two emergency contacts other than the parents/guardians listed:**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**HOLY FAMILY SUMMER DAY CAMP**  
**MEDICAL RELEASE**

I/We understand and agree that if medical care is necessary for the child named above and I/we cannot be reached, the Sisters of Charity of Our Lady, Mother of the Church will act on my/our behalf in granting permission for my/our child to receive emergency medical treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **HOLY FAMILY SUMMER DAY CAMP**

### **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

- I/We understand that participation in the Holy Family Summer Day Camp is voluntary and that the child named above and I/we are free to choose not to participate. I/We understand that participation in Holy Family Summer Day Camp activities include risk of injury that may range in severity. Although serious injuries are not common, it is impossible to eliminate all risk.
  
- I/We understand that the Holy Family Summer Day Camp will take place under the guidance of the Sisters of Charity of Our Lady, Mother of the Church, employees, and volunteers.
  
- I/We understand that I/we remain legally responsible for any actions taken by the child named above.
  
- I/We, for ourselves and our minor child(ren) and our respective heirs, successors, assigns and personal representative, hereby waive, release, absolve, and agree to defend, protect, indemnify and hold harmless the Congregation of the Sisters of Charity of Our Lady, Mother of the Church, the Holy Family Summer Day Camp, the Roman Catholic Diocese of Norwich, and their directors, officers, representatives, employees, volunteers, organizers, affiliates, and participants in the Holy Family Summer Day Camp other than the child named above, for, from, and against any and all demands, claims, liability, which may occur or result from the participation of the child named above in any and all Holy Family Summer Day Camp activities, whether the result of negligence, or any cause.

- I/We agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut, and if any portion hereof is held invalid, it is agreed that the balance shall continue in full force and effect.
  
- I/We hereby consent to any publicity, including the use of the name and likeness of the child named above, in connection with the child's participation in the Holy Family Summer Day Camp.
  
- I/We, as parents/guardians of the child named above, have read this entire document, and understood this Waiver, Release and Indemnification Agreement, and understand that it affects my/our legal rights and those of my/our child(ren), and that it is a binding Agreement. I/We execute it knowingly and voluntarily.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_