

# HFkids Camp 2026 - Holy Family Parish

## Registration and Permission Form

### Camp Week 1: (5 day camp)

**Monday, July 13 - Friday, July 17, 2026**

**Who:** Students in Grades 1 to 6 (Fall 2026)

**Time:** 9:00 am to 3:00 pm

**Price:** \$150 per camper (payments by cash or cheque - payable to Holy Family Parish)

### Camp Week 2: (4 day camp)

**Tuesday, August 4 - Friday, August 7, 2026**

**Who:** Students in Grades 1 to 6 (Fall 2026)

**Time:** 9:00 am to 3:00 pm

**Price:** \$120 per camper (payments by cash or cheque - payable to Holy Family Parish)

**Please indicate which week of camp you would like to register for by checking the box below:**

Note: The camp themes will be different from one another so you are welcome to attend both.

- Week 1: Monday, July 13 - Friday, July 17, 2026
- Week 2: Tuesday, August 4 - Friday, August 7, 2026
- Both Weeks of Camp

Name of Student: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (next Fall): \_\_\_\_\_

### **PARENT INFORMATION**

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

### **EMERGENCY CONTACT & MEDICAL INFORMATION**

*Person who can be contacted to pick up child in an emergency if parents are unreachable.*

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

Please list any medical information which may be helpful (allergies, diabetes, asthma, etc.)

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All medications except inhalers must be turned into camp volunteers to be kept in a secure location. Please notify the Parish Coordinator about any serious conditions that require close supervision. *Permission is required for an adult to administer an EpiPen.*

**MEDICAL INFORMATION (CONTINUED)**

Does your child have a serious learning disability? (e.g. Autism, ADHD)?

Yes     No

Is your child able to participate in strenuous activity (ie. running)

Yes     No

T-SHIRT SIZE (Included in Fee) *Please circle one:*

Youth t-shirt Sizing:    S    M    L    XL

**SIGNATURE & CONSENT**

I give consent for my child to participate in the HFkids Camp Program this summer at Holy Family Parish:

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Indemnity Waiver & Media Release for Parent/Guardian**

**INDEMNITY WAIVER:** In consideration of the acceptance of my children’s registration for the HFkids Camp, on behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and forever discharge the HFkids Camp leaders, Holy Family Parish Staff, Caregivers and Volunteers from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against and such persons or organizations, arising directly or indirectly from, or attributable in connection with all HFkids Camp activities on site at Holy Family Parish.

**MEDIA RELEASE:** I, the undersigned, do hereby consent to have photographs and video taken of my children (participating in the HFkids Camp program) for the use in any form of media and/or any publicity material produced or printed by Holy Family Parish and the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (Archdiocese of Toronto). The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) and video(s) to be used at the full discretion of the Archdiocese of Toronto. The undersigned releases and forever discharges the aforementioned party and the photographer/videographer.

Name(s) of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## **HFKIDS CAMP CHILD PICKUP AUTHORIZATION**

Please fill in the form below to authorize pickup of your child(ren). The first name should be the name of the person who will REGULARLY pick up the child(ren) from the HFkids Camp program. The second and third names are people who MAY pick up the child(ren) in an unusual or emergency situation. They will be required to show a driver's licence at the time.

Name of Child(ren): \_\_\_\_\_

1. Name of pick up person: \_\_\_\_\_

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

2. Name of pick up person: \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name of pick up person: \_\_\_\_\_

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