

# 2025 Holy Family Catholic Community Blesseds Acutis & Frassati Youth Camp (For ages 6 - 12)

Child's Full Name: \_\_\_\_\_ Grade for next year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name & Phone: \_\_\_\_\_

Parent/Guardian Name & Phone: \_\_\_\_\_

Can we contact you by texting? If yes, provide number:

\_\_\_\_\_

Contact Information for Person Transporting Child to and from youth camp (if different from parent):

\_\_\_\_\_

## **Emergency Contact & Relationship:**

\_\_\_\_\_

Middle/High School Students, please mark one:

\_\_\_\_\_ I would like to be an assistant leader \_\_\_\_\_ I will participate OR be an assistant

## ***MEDICAL/HEALTH INFORMATION***

Your child will not be turned away from youth camp because of allergies, disability, or medical condition. The staff just needs to be knowledgeable and prepared to serve and meet the needs of each child.

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other Needs/Notes/Concerns: \_\_\_\_\_

\_\_\_\_\_

Please complete and return this form by Friday July 11, 2025. You may put it in the collection basket during any Mass, scan & email it to: [ruththeresagoins@gmail.com](mailto:ruththeresagoins@gmail.com), or mail it to our office at: HFCC, 206 Fremont Street, Wayland, NY 14572.