

Camp Kydnie

A special camp for kids with kidney disease

2010 Friend/Sibling Application

There is a \$100.00 registration fee per camper due with this application and medical form.

After May 1st check with the camper registrar to see if space is available.

After May 1st the registration fee is \$125.00. Make checks payable to Camp Kydnie.

Return Application by: May 1, 2010

Name: _____ Grade Going Into Next School Year: _____
Age: _____ Date of Birth(MM/DD/YYYY): _____ Sex: M _____ F _____
Address: _____ City: _____ State: _____ Zip Code: _____
County: _____ Township/Borough: _____
Home Phone # _____ E-Mail Address: _____
Mother's Name: _____ Work #: _____
Father's Name: _____ Work #: _____

Insurance Information

Please include a copy of the front and back of your insurance card with this application

Carrier Name: _____
Policy #: _____ ID #: _____

Emergency Information

Emergency Contact: Name: _____
Relationship: _____ Phone #: _____

Nephrologist

Name: _____ Phone #: _____
Hospital: _____

Primary Care Physician

Name: _____ Phone #: _____

Attending Camp With - Friend/Sibling's name: _____

I Would like to be in the same cabin as my friend/sibling*: Y _____ N _____

* Cabin groups are divided by camper age. If the Kydnie Camper and friend/sibling are of significantly different ages, do they still prefer to be in the same cabin group? All cabin requests will be accommodated to the best of our ability but Camp Kydnie reserves the right to make adjustments as necessary.

_____ **Please Fill Out Information Below** _____

Camper Name: _____

Clothing Size:

Shirt: Child S _____ M _____ L _____ Adult S _____ M _____ L _____ XL _____
Pants: Child S _____ M _____ L _____ Adult S _____ M _____ L _____ XL _____