



Camp Kydnie

A special camp for kids with kidney disease

2023 Sibling/Friend Application

There is a \$100.00 registration fee per camper due by **May 5** with this application and medical form.
After May 5, registration is \$125.00 if space allows. Please call the camp registrar, Michelle Carraher (717-514-2014) to check on availability.

Make checks payable to Camp Kydnie

Please send applications and checks to: **Camp Kydnie**
Attn: Camp Kydnie Registrar, Michelle Carraher
PO Box 60967, Harrisburg, PA 17106-0967

First/Last Name: _____ Sex: M ____ F ____

Name camper prefers to be called: _____ Pronouns: _____

Age: ____ Date of Birth (MM/DD/YYYY): _____ Grade Going Into Next School Year: ____

Address: _____ City: _____ State: ____ Zip Code: _____

County: _____ Township/Borough: _____

Home Phone # _____ Cell Phone # _____

Parent Name: _____ Work #: _____

Parent Name: _____ Work #: _____

PARENT Email Address (required): _____

T-shirt size: Child S ____ M ____ L ____ Adult S ____ M ____ L ____ XL ____ XXL ____

Insurance Information:

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

Carrier Name: _____

Policy #: _____ ID #: _____

Emergency Contact Information: Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Primary Care Physician: Name: _____ Phone #: _____

Siblings/Friends must complete a full application, including medical history, consent form and registration fee.

Attending Camp with – Kydnie Camper's name: _____

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

*Cabin groups are divided by camper age. If the Kydnie Camper and sibling/friend 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.

Return Application by: May 5, 2023