



Camp Kydnie

A special camp for kids with kidney disease

2019 Sibling/Friend Application

There is a \$100.00 registration fee per camper due by **May 3** with this application and **medical form**.
After May 3, registration is \$125.00 as space allows. Please call the camp registrar to check on availability.

Make checks payable to Camp Kydnie

Please send applications and checks to: **Kidney Foundation of Central Pennsylvania**
Attn: **Camp Kydnie Registrar, 900 South Arlington Avenue, Suite 134A, Harrisburg, PA 17109**
(717) 652-8123

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 # _____ Cell Phone # _____
Mother's Name: _____ Work #: _____
Father's Name: _____ Work #: _____

PARENT E-Mail Address: _____

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 Information

Emergency Contact: Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Primary Care Physician

Name: _____ Phone #: _____

Friends/siblings 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 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.

Return Application by: May 3, 2019