



11615 Hesby Street
 North Hollywood, CA 91601
 818-754-0312
 818-754-0842 fax
 www.campdelcorazon.org

A non-profit organization providing year-round opportunities for children with heart disease.

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|----------------------------------|------------|
| <i>My child is applying for:</i> | |
| <i>Malibu Session 1:</i> | <u>200</u> |
| <i>Malibu Session 2:</i> | <u>200</u> |
| <i>Catalina Session 3:</i> | <u>200</u> |
| <i>Catalina Session 4:</i> | <u>200</u> |

General Information Form

The information on this form is **not** part of the camper acceptance process, but is required to assist us in identifying appropriate care. Please understand, camper spots are held on a **“first come/first served”** basis and we cannot guarantee camper acceptance without all forms completed and returned. It is recommended that the GENERAL INFORMATION, CAMPER PROFILE, GENERAL RELEASE, WAIVER AND CAMPER EXPECTATION forms are returned to the camp office ASAP so that we know which camp session your child is interested in attending. The camp office is **not responsible** for any outstanding forms. No camper will be allowed to attend camp without his/her cardiology and medical forms approved by the nursing staff **ten** days prior to your child’s first day of camp. If applying for multiple sessions be sure to mark which session is your first choice and which session is your second choice. Thank you.

This form is to be filled out by the parent/guardian of camper. Please be sure to fill out both sides of this form.

Camper Information

First Name: _____ Last Name: _____

Nickname/Name Camper Prefers: _____ Male Female

DOB: _____ Grade in school (Fall 08) _____ Age as of 1st day of camp: _____

Camper Mailing Address: _____

City: _____ State: _____ Zip Code: _____

This will be my child’s _____ camp session at Camp del Corazon.

Parent/ Guardian Information

Primary Custodian/Parent/Guardian Full Name: _____

Relation to camper: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact Person: _____

Relation to camper: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Camper First Name: _____ Last: _____

Emergency Contact Information (other than parent or guardian/s)

Emergency Contact Full Name: _____

Relation to camper: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Emergency Contact Full Name: _____

Relation to camper: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Insurance Information:

Name of Insured: _____ Relation to camper: _____

Name of Insurance Company: _____ Policy Number: _____

CCS Number (if applicable): _____ Medi-Cal Number (if applicable): _____

Parent/Guardian Signature _____ **Date:** _____

*** Please include a \$35.00 processing fee with this application, or check box if you are unable to pay. I am waiving the processing fee*

Optional Information

Please understand that we do our best to accommodate cabin mate requests, but requests cannot be guaranteed.

Camper Cabin Mate Request/s: _____

Camper email (16 yrs old & older only): _____

Please understand that Camp del Corazon relies entirely on donations from individuals, foundations and corporations. In an effort to find additional sources of funding, we ask that you provide us with your employer information so that we can research for matching grant information, employee organization foundations, etc.

Employer: _____

Who is employed here: _____

Address: _____

City: _____ St: _____ Zip: _____

Secondary Employer: _____

Who is employed here: _____

Address: _____

City: _____ St: _____ Zip: _____