



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

**My child is applying for:**

Catalina Session 1: \_\_\_\_\_ 200\_\_\_\_  
Catalina Session 2: \_\_\_\_\_ 200\_\_\_\_  
Catalina Session 3: \_\_\_\_\_ 200\_\_\_\_

*\* If marking more than one session, please indicate 1<sup>st</sup> & 2<sup>nd</sup> choice. \**

### 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 page 1 and 2 of this form.*

#### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname/Name Camper Prefers: \_\_\_\_\_  Male  Female

DOB: \_\_\_\_\_ Grade in school (Fall 08) \_\_\_\_\_ Age as of 1<sup>st</sup> 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: \_\_\_\_\_