

# APPLICATION *Please print clearly.*

## Basic Information

Camper Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: Male Female

T-shirt size: Youth M L  
Adult S M L XL XXL

Modality:

CCPD

CAPD

HEMO

Transplant, date of Transplant: \_\_\_\_\_

## Medical Professional Information

Hospital/Dialysis Unit \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact RN: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**Please return by May 13, 2009**



**National Kidney  
Foundation™**

Serving OHIO

Kappa Kidney Camp  
National Kidney Foundation Serving Ohio  
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Questions? Please contact Jenna Schumacher: 614.481.4030 ext. 223

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