

Where Children Find Strength,
Courage and Happiness



Camper Application Form 1

**Registration
Deadline:**
April 30, 2011

Mail application
with \$50 non-refundable
deposit to:

Dragonfly Heart Camp,
c/o Debra Lefkowitz
Children's Hospital
of Philadelphia
3400 Civic Center Blvd
Cardiology, 8NW-86
Philadelphia, PA 19104

267-426-5720

www.DragonflyHeartCamp.org

Camper's Full Name: _____

Nickname: _____

CAMPER INFORMATION:

Camper's Home Address: _____

City/State/Zip: _____

Camper's Home Phone #: _____

Camper's Email: _____

Birthday: _____ Age as of July 1st: _____ Male or Female: _____

School: _____

Grade next September: _____ T-Shirt Size: _____

PARENT/GUARDIAN 1 INFORMATION:

Full Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Occupation: _____ Work Phone #: _____

PARENT/GUARDIAN 2 INFORMATION:

Full Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Occupation: _____ Work Phone #: _____

Camper resides with: _____

MEDICAL INSURANCE INFORMATION:

Name of Insurance Company: _____

Policy Holder: _____ Policy #: _____

Group #: _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

If you will be travelling while your child is at camp, please send your summer address and itinerary along with this registration form.

In case of emergency, and the director cannot reach the family, contact:

Name: _____ Relationship to Camper: _____

Home Phone #: _____

Cell Phone #: _____

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**To be filled in by
Camp Directors:**

Application
Received on:

Deposit
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CAMPER'S PERSONAL RECORD:

General Behavior (please comment on personality and emotional adjustment, ability to make friends, and developmental needs...): _____

What are your child's special interests? _____

Please describe any problems to which you would like to call special attention: _____

Has your child ever slept away from home before (other than the hospital)?: Yes No

Is this your child's first camping experience?: Yes No

My child needs assistance with toileting: Yes No Bathing: Yes No

Does your child experience bedwetting or sleepwalking? Yes No

Does your child require any special home care equipment (i.e. g-tube feeds, oxygen)?

Yes No If yes, please specify: _____

Is it okay for your child to be given over-the-counter medications (i.e., Tylenol) as needed by a physician or nurse practitioner? Yes No

What do you hope Dragonfly Heart Camp will do for your child this summer?: (include suggestions or special instructions) _____

Dragonfly Heart Camp Standard Conditions of Enrollment:

I have read and agree to the terms stated on all pages of this enrollment pamphlet.

The directors reserve the right, at their discretion, to withdraw any camper whose influence or actions are deemed unsatisfactory to Dragonfly Heart Camp or who do not live within the rules and policies of Dragonfly Heart Camp. If this occurs, no reduction or return of any fee, or any part thereof will be made.

I desire my child to participate in the complete camp program and all activities unless I advise you otherwise in writing.

Dragonfly Heart Camp has some exciting field trips. Sometimes campers will travel by camp van or contracted bus service (school bus or coach style) for day trips.

I agree that having taken such precautions as in your discretion are deemed advisable, the Camp shall not be held for any sickness or accident to my child. If for any reason my child requires medical attention beyond that furnished by the Camp, or covered by the Health and Accident insurance provided, I agree to be responsible for any additional expenses incurred.

I give Dragonfly Heart Camp permission to reproduce and publish any photo, picture, video or likeness of my child for advertising or any other purpose.

In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the Dragonfly Heart Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

I have read and agree to the terms outlined above and this application has my approval.

Parent Signature: _____ Date: _____