



- Currently on treatment
- Currently on follow-up
- Survivor (disease free for 5 yrs)
- Sibling

Camper Application

(please fill one out for EACH camper)

Camper's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Weight: _____ Circle one: Male / Female

Name of Parents: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Work #: () _____ () _____
Dad Mom

Cell #: () _____ () _____
Dad Mom

E-mail Address: _____

Names & Ages of brothers/sisters attending camp: _____

List any other oncology camps your child has attended this year: _____

We want to give your child an exciting camp experience. To help us do this, there are some things we would like to know before camp starts:

Can your child swim? _____ Does he/she need a life-jacket? _____

Does your child have any fears (dark, thunder, water, etc.)? _____

Describe any unusual bedtime habits (sleepwalking, bedwetting, nightmares, etc.)? _____

T-Shirt size *(circle one)*

Youth XS (2-4) Youth S (6-8) Youth M (10-12) Youth Large (14-16)

Adult S Adult M Adult L Adult XL Adult XXL

Does your child take medication daily: If so, please list. _____

Parent Signature: _____

Date: _____