Camp Kydnie

A special camp for kids with kidney disease

2026 SIBLING/FRIEND Application

There is a $100.00 registration fee per camper due by May 1st with this application and medical form.
After May 1st, the registration fee is $125.00 if space allows. Please contact the camp registrar, Jessica Critzer, at campkydnie@gmail.com to check on availability.

Make checks payable to Camp Kydnie

Please be sure to return your application and check by Friday, May 1, 2026 to:

Camp Kydnie
Attn: Camp Kydnie Registrar, Jessica Critzer
PO Box 60967
Harrisburg, PA 17106-0967

Camper First & Last Name: _____ Camper Preferred Name: _____

Sex: M ____ F ____ Pronouns: _____ Age: ____ Date of Birth (MM/DD/YYYY): _____

Grade Going Into Next School Year: ____ T-Shirt Size: Child S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___ XXL ___

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

County: _____ Township/Borough: _____

PARENT Email Address (required): _____ Home Phone #: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Insurance Information: ********Please include a copy of the front and back of your insurance card with this application********

Carrier Name: _____ Policy #: _____ ID #: _____

Primary Care Physician: Name: _____ Phone #: _____

Emergency Contact: Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Siblings/Friends must complete a full application, including medical history, immunization record, consent form and registration fee.

Attending Camp with: Kydnie Camper's Name: _____
I would like to be in the same cabin group as my sibling/friend*: Y ____ N ____

*Cabin groups are divided by camper age. If the Kydnie Camper and sibling/friend are of significantly different ages, do they still prefer to be in the same cabin group? All cabin requests will be accommodated to the best of our ability but Camp Kydnie reserves the right to make adjustments as necessary.

Return Application by: May 1, 2026