

Camp Joyful Hearts Application Form

July 6-10, 2009

Please complete and return this application with medical forms and an enclosed check or money order by June 19, 2009. Forms received after June 19 will not be accepted. Mail forms to:

Division of Cardiothoracic Surgery, Cincinnati Children's Hospital Medical Center,
MLC 2004, 3333 Burnet Avenue, Cincinnati, OH 45229-3039 - Attention: Betsy Adler

**Thanks to the generosity of many donors, a \$25 non-refundable registration fee is the only cost required of each camper. If your family would like to help others participate in Camp Joyful Hearts, consider making a contribution beyond the registration fee.*

Make checks payable to: Heart Camp SPF

Upon receipt of your application, your camper's eligibility for Camp Joyful Hearts will be determined by our medical board.

Camper's name: _____
 Male Female

Date of birth: _____

Cardiac diagnosis: _____

Address: _____

City: _____

State: _____

Zip: _____

Grade completed: _____

Parent's or guardian's name: _____

Parent or guardian with custody:
 Mother Father Joint

Home phone: () _____

Parent's work phone: () _____

Email address: _____

Camper's pediatrician: _____

Pediatrician's office phone: () _____

Camper's cardiologist: _____

Cardiologist's office phone: () _____

Cabinmate request (if any): _____

All campers receive a Camp Joyful Hearts T-shirt.
Check one (adult sizes):

S M L XL XXL

Total fee for camp sessions: \$25 *

Parent's or guardian's signature

Additional forms are required for registration. These forms are available on our web site at www.cincinnatichildrens.org/joyful-hearts. If you are unable to access the forms, they will be mailed to you upon receipt of this card.