



**CAMP KORAL KIDS "Surfing the Virtual Wave"
2021 VIRTUAL APPLICATION FOR CAMPERS**

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____

Mailing Address _____
Street (include Apt. number) or P.O. Box

City _____ State _____ Zip _____ County _____

Phone Home _____ Cell _____

Date Diagnosed (month/year) _____ Age at Dx: _____ Age at Camp _____

Grade entering next Fall _____
 Exceptional student education

T-shirt Size _____ Email address: _____

Has child attended Camp Coral Kids before? Yes _____ No _____ If yes, year(s) _____

Other camp experiences (list name & year): _____

Father's Name: _____

Mother's Name: _____

Who will be monitoring the camper while participating virtually?

Name: _____ Relationship: _____

Endocrinologist: _____ Telephone(_____) _____

Your permission is needed for your camper to participate. We have created a virtual space where campers can stay connected and participate safely. You will be e-mailed a schedule with the links to live WebEx activities and web pages your child can access.

Signature of parent or guardian _____ Date: _____