

# Camp Until A Cure

The Diabetes Youth Foundation Camp – Noblesville, IN - 2010

- \_\_\_ 1st week session (June 6th to 12<sup>th</sup>) \$350
- \_\_\_ 2nd week session (June 13<sup>th</sup> to 19<sup>th</sup>) \$350
- \_\_\_ 3rd week session (June 20<sup>th</sup> to 26<sup>th</sup>) \$350
- \_\_\_ Day Camp (June 14<sup>th</sup> to 18<sup>th</sup>) \$175
- \_\_\_ Day Camp (June 21<sup>st</sup> to 25<sup>th</sup>) \$175

Camp sessions 1,2&3 accepted ages are 8 thru 15, \*4 thru 8 years old for Day Camp

Number of Years Child/Teen has Attended DYF Camp \_\_\_ Male \_\_\_ Female

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Tetanus Shot Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Year diagnosed with Diabetes \_\_\_\_\_ **\*Need-\*** County \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Business/Cell Ph# ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business/Cell Ph# ( ) \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Phone # ( ) \_\_\_\_\_ Contact \_\_\_\_\_

**PHYSICIAN FOR DIABETES**

**PEDIATRICIAN / FAMILY PHYSICIAN**

Name _____	Name _____
Address _____	Address _____
City/ST _____	City/ST _____
Phone ( ) _____	Phone ( ) _____

**NOTE: We must have complete physician information, Camper cannot be accepted to camp without physician information being complete.**

**\*\*WE will need the physician's sheet filled out by the physician and fax to 317-243-4488**

**\*\*We must have the physician's sheet before the start of camp**

**Medications other than insulin - These are not provided by the DYF Camp - You MUST bring these with you**

List any medications you take with dose and times to be taken

Medication	Dosage	Time of meds	Medication Allergy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Food Allergies
_____	_____	_____	_____
_____	_____	_____	_____

Please list any physical or medical conditions other than diabetes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dietary Management – Please choose one of the following**

- \_\_\_ Carb Counting \_\_\_ Carbs per meal \_\_\_ Exchange Diet \_\_\_ Calories per day
- \_\_\_ Other \_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

\_\_\_\_\_

The Diabetes Youth Foundation of Indiana, Inc. is providing camp to all campers at a reduced rate. It is our goal to offer camp to all children, regardless of the ability to pay. \*\*If you feel you need additional financial help to attend camp other than the price requested on this form, please answer the questions below

\*\*Without any forms requested not being filled out entirely, we will be unable to enroll your child into camp.

**If you need additional financial support, please answer next 5 questions.**

How much can you afford to attend the camp session chosen? \$ \_\_\_\_\_

Does child receive free or reduced price of lunch at school? \_\_\_ YES \_\_\_ NO, **IF YES**, you must fill out Summer Food Service Program form and mail or fax to the DYF @ 317-243-4488. "Make sure it is signed by legal guardian".

Combined Gross income \$ \_\_\_\_\_ Number of members in household \_\_\_\_\_

**We will need a copy of the first page of last year's tax return to verify income for each parent.**

**All information is strictly confidential**

Please give an explanation of why further financial aide is needed: \_\_\_\_\_

NAME OF PERSON COMPLETING FINANCIAL FORM(S) \_\_\_\_\_

The information listed above is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by The Diabetes Youth Foundation to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the medical director to secure and administer treatment including hospitalization, for the person named above. If tetanus date is not available, medical personnel will be allowed to administer a tetanus shot, if deemed necessary. The Camp fee does not include medical or accident insurance.

In consideration for my child attending camp, I being the child's parent or guardian, do hereby agree, for myself and my child, NOT TO SUE and agree to and do hereby RELEASE AND DISCHARGE the Diabetes Youth Foundation of Indiana, Inc. (a/k/a the Diabetic Youth Foundation of Indiana, Inc.) its agents, employees, officers, directors, members, volunteers, and all other persons or entities acting on its behalf (hereafter collectively referred to as the "DYFI"), from all claims, demands, rights and causes of action of any kind, including, but not limited to, those based on bodily injury or property damage, whether or not caused by the negligence or other fault of the DYFI. Furthermore, I agree to indemnify the DYFI from and hold the DYFI harmless for all damages, losses, expenses and costs, including attorney fees, incurred by the DYFI in connection with any claim or legal proceeding brought by any person or entity arising out of or connected with my child's attendance at camp or participation in camp programs or activities. Furthermore, I grant permission to the DYFI to use photographs/videos of my child for promotional or fundraising purposes. The DYFI also has my permission to transport my child for field trips and other activities. I also understand and agree to abide by any rules and regulations governing camp

**\*\*Insulin, pens, syringes, glucose testing materials are all provided – parents must provide pump supplies**

**Who has legal custody of child attending camp? \_\_\_ Both \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Other \_\_\_**

The Diabetes Youth Foundation of Indiana, Inc. is providing camp at a reduced cost. The camp fees are listed below. These camp fee amounts offset less than one-half of the actual cost of camp. The balance is paid by The Diabetes Youth Foundation of Indiana, Inc. This is only possible through corporate, individual and professional donations to the DYFI. Please consider making a tax deductible donation so that the DYFI can continue this practice!

\$ \_\_\_\_\_ Deposit of \$50 – non-refundable deposit-minimum required to reserve cabin spot or daycamp spot – BALANCE DUE ASAP !

\$ \_\_\_\_\_ One week camp session at \$350 each week– pay in full – includes Deposit  
\*\*take \$50 off for a 2<sup>nd</sup> week session – 2 weeks is \$650

\$ \_\_\_\_\_ Day camp session at \$175 each week – pay in full – includes Deposit

\$ \_\_\_\_\_ for a tax deductible donation to the Diabetes Youth Foundation of Indiana, Inc

\$ \_\_\_\_\_ Total of all lines above

The Diabetes Youth Foundation of Indiana, Inc. accepts **Mastercard and Visa or personal or company check**

Card # \_\_\_\_\_ Exp date \_\_\_\_\_ / \_\_\_\_\_ 3 digit code \_\_\_\_\_

Name on Card \_\_\_\_\_ Phone # of card holder (\_\_\_\_\_) \_\_\_\_\_

Checks should be made out to: **The DYF of Indiana – make sure camper's name is on check**

Mail to : Camp Until A Cure, 817 South Tibbs Ave, Indianapolis, IN 46241

\*\*Forms can be printed from the website and faxed to **317-243-4488**.- Questions-call Dave Dozier @ 317-224-0190