

2018 No Limits Diabetes Summer Camp Application

At Happy Hollow Children's Camp: July 1 to July 7, 2018

Applicant Name: _____ Date of Birth: _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Shirt Size: _____ Grade in School: _____

Father's Name: _____ Employer: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Campers' Cell Phone: _____

Parents' Cell Phone: _____

E-mail Address: _____ Emergency Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Do you have: Type 1 Diabetes or Type 2 Diabetes Year Diagnosed: _____

How is your diabetes treated?

Insulin by Pens Insulin by syringe Insulin Pump Pills

If insulin by injection: Insulin types: _____

Doses: _____

If insulin by pump: Type of Pump: _____ Insulin in Pump: _____

Basal Rates: (List starting time and rate per hour for each) _____

Please list your correction boluses and carb coverage below:

Correction: _____

Carb Coverage: _____

Diet: Do you use: Carb Counting Exchanges Estimation

Carbs or exchanges per meal: _____

All meals will be served buffet style. Teens are responsible for their own meal selections. Assistance in portion selection and carb counting is provided. Teens are expected to eat balanced meals and follow proper caloric intake. Some sugar substitute or low sugar items are available.

Other medications you take: (Please list type, dose, and time): _____

Happy Hollow is accredited by the American Camping Association and requires all medications apart from diabetes and bee stings be kept in a locked container. Insulin, syringes, pen needles, strips, meters and other diabetes supplies will be provided. All meals and snacks are provided; please do not bring food. Pump infusion sets, cartridges, and Pods CANNOT be provided.

Please list any other health conditions, allergies, or developmental situations that might affect your care:

The cost of Camp is \$375. If you need assistance with this fee, please indicate the amount of assistance requested: \$_____. **Reason requested:** _____

Do you use the school lunch program?

Medicaid Number: _____

Yes

No

Scholarship funds will be determined by donations to No Limits Diabetes. Every effort is made to assist with all or part of the funds requested. Applications requiring assistance should be submitted as early as possible as the scholarships will be offered in order of receipt as long as funds are available. Teens are urged to raise their own scholarship. We will be happy to assist with contacted service clubs, etc. where the teen is willing to make a presentation.

Deposit of \$25 for Happy Hollow is necessary prior to consideration of all applications.

Installments can be arranged if needed. Upon arrival, refund of the deposit will be made at camp for those on full scholarship; otherwise the deposit is non-refundable. Applications will be considered by age and ability to participate in this active program. All applicants will be notified of the committee's decision. Due to the age group served, a higher level of independent management is expected beyond most diabetes camps. The No Limits program is very active and participation to the best ability of each teen is expected. Applicants are expected to offer a level of responsibility appropriate for age and this program. All active programs carry some inherent risks. Every effort is made to insure that the experience is safe. Careful instructions will be given for all activities. It is our expectation that all participants will follow the safety procedures at all times. Happy Hollow or No Limits can assume no responsibility for unsafe behavior. Any behavior that is deemed unsafe or disrespectful may result in being dismissed from the activity or camp. It is understood that photographs or videos may be made during the camp to be used for promotional materials or articles. Permission is hereby given:

* If submitting electronically, type signatures.

Signed: _____

“Camper”

Parent or Guardian

Send application with \$25 deposit payable to "No Limits Diabetes" to:

No Limits Diabetes, 414 E. Broadway, Danville, IN 46122