



# ADA Diabetes Camp NP / DP Application –2009



## Program and Session Request

Camper Name: \_\_\_\_\_

### DAYPOINT- August 17-21

| Program  | Age | I will pick up and drop off my child at: |                                   |                               |
|----------|-----|--|-----------------------------------|-------------------------------|
| Daypoint | 5-9 | <input type="checkbox"/> Minneapolis     | <input type="checkbox"/> St. Paul | <input type="checkbox"/> Camp |

### CAMP NEEDLEPOINT

We have captured your first choice on your online application.  
Please indicate your second choice below with a #2.

| Program           | Age   | Session 1<br>August 16-22 | Session 2<br>August 23-29 |
|-------------------|-------|---------------------------|---------------------------|
| Pioneers          | 8-9   |                           |                           |
| Explorers         | 8-11  |                           |                           |
| Trailblazers      | 10-11 |                           |                           |
| Frontier Canoers  | 12-13 |                           |                           |
| Frontier Sailors  | 12-13 |                           |                           |
| Frontier Climbers | 12-13 |                           |                           |
| Homesteaders      | 12-13 |                           |                           |
| Trekkers          | 14-16 | Not offered this session  |                           |
| Windjamers        | 14-16 |                           |                           |
| Voyagers          | 14-16 |                           | Not offered this session  |
| Wranglers         | 14-16 |                           |                           |
| Rockers           | 14-16 |                           |                           |
| Leadership Dev.   | 16    |                           |                           |

### Cabin Mate REQUEST:

(We will make every attempt to honor your request but it is not guaranteed.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

### UCARE MEMBERS:

Is your child a member of UCare? \_\_\_\_\_  
If yes, please send a copy of their I.D. card with this application  
\$35.00 deposit fee is waived for Ucare members

Please send completed paperwork to:

**ADA CAMP NP/DP**  
5100 Gamble Drive, Suite 394  
St. Louis Park, MN 55416



# ADA CAMP PROGRAMS

## Camp Daypoint (Ages 5-9)

## Camp Needlepoint (Ages 8-13)



### **Daypoint \$275** (Ages 5-9)

The perfect introduction to camp, Camp Daypoint is non-stop fun in a comforting environment. Small groups, each with two leaders, give children the attention they need during swimming, crafts, hikes, games and much more! Children are at camp from about 9 a.m. to 3:30 p.m.

### **Pioneers \$625** (Ages 8-9)

An active and exciting program for campers away from home for the first time. Enjoy all camp activities in a secure cabin group with two counselors.

### **Explorers \$315** (Age 8-11, 1/2 week program)

This program is for **first-time Needlepoint campers** that would like to “sample” what camp is all about without staying the entire week. Campers will enjoy the various camp activities within a small cabin group. Campers are at camp Sunday through Wednesday.

### **Trailblazers \$625** (Ages 10-11)

An active in-camp program with a one-night camp-out experience. Campers will take part in water activities, learn trail skills, and participate in specialized program areas.

### **Frontier Canoers \$640** (Ages 12-13)

Frontier Canoers learn to work as a team as they participate in camp activities, practice trail skills, and plan their 2-night and 3-day canoe trip along the beautiful St. Croix River.

### **Frontier Sailors \$640** (Ages 12-13)

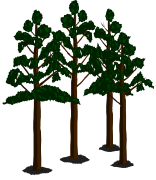
This program is designed for the camper who is interested in learning the adventure and skills of sailing. Focus on basic sailing techniques, equipment, knots and more. Campers will also participate in other program areas.

### **Frontier Climbers \$750** (Ages 12-13)

This “rockin” program will include group initiatives and team building, bouldering, team high ropes course, outdoor tower climbing and indoor gym climbing. Campers will also be involved in other camp activities.

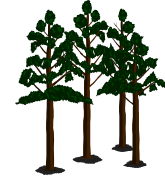
### **Homesteaders \$640** (Ages 12-13)

This program is designed specifically for the camper that would like to have a Camp Needlepoint experience without an overnight trail. Campers will participate in various camp programs.



# ADA CAMP PROGRAMS

## Camp Needlepoint (Ages 14-16)



### **Trekkers– 2nd week only \$675** **(Ages 14-16) Co-ed Program**

This in-camp program is for campers that would like to experience all that camp has to offer. Including traditional camp activities, team building and more.

### **Windjammers \$675** **(Ages 14-16) Co-ed Program**

Campers with previous sailing experience review basic sailing skills on Sunfish sailboats progressing to inland scow sailboats and keelboats. Sailing solo is a highlight. Time will also be spent enjoying other program areas.

### **Wranglers \$720** **(Ages 14-16) Co-ed Program**

The main focus is on English style riding techniques provided by the St. Croix Equestrian Center just south of camp. Campers also have the opportunity for Western style trail rides at camp and involvement in other program areas

### **Voyagers- 1<sup>st</sup> week only \$675** **(Ages 14-16) Co-ed Program**

One of Camp Needlepoint's most adventurous programs, Voyagers will participate in a four day canoe trip that builds confidence, self-reliance and teamwork. Campers will also participate in other program areas.

### **Rockers \$840** **(Ages 14-16) Co-ed Program**

Individual and team skill-building directly related to climbing will include: on the ground and on the ropes team building initiatives, high confidence ropes course, outdoor tower climbing, indoor gym climbing and technical rock climbing at Taylor's Falls. Campers will also be involved in other camp activities.

### **Leadership Development Program (LDP) \$1,040** **(Age 16) Co-ed Program**

Campers can apply for participation in this two-week leadership program for developing confidence and leadership skills. Prepare for future leadership roles with a five-day canoe trip, a sailing overnight trip and high ropes experience. This program runs from August 10-23 including the weekend.



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## Camper/Parent Behavior Contract Concerning Rules & Expectations at Camp

I will stay on the property during the camping session.

I will not intentionally injure or endanger myself or any other person either physically or emotionally. This includes keeping my blood sugar extremely high or low on purpose.

I will respect the environment, Camp, property of Camp and personal property of others. If I do not, my family will be responsible for damages caused.

I will not use bad / inappropriate language.

I will not engage in any sexual contact or use language of a sexual nature

I will not use tobacco products, drugs, alcohol, or weapons.

I will demonstrate respect for staff and fellow campers at all times.

I will not engage in teasing, harassment or ethnic /racial /religious/political slander of any person or group.

If I am with someone who is breaking one of the above rules, I can also be dismissed.

If I do not follow these rules, I

- 1) Can be promptly dismissed from Camp.
- 2) Must have parent/guardian come to Camp to pick me up.
- 3) Forfeit all Camp fees.
- 4) Risk losing the privilege of returning to Camp in the future.

I have read and understand the rules and will help enforce them. In addition, I have read and explained the Camp rules to my child and believe that he/she understands them. I agree to pick my child up from Camp if he/she breaks this contract.

I will treat all campers and staff during and after Camp with respect. This means that I will not participate in any phone, online, email, instant messaging or text messaging of a threatening, bullying or inappropriate nature. If I do, I may not be allowed to attend Camp.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# ADA Diabetes Camp NP / DP Application –2009



Name of Applicant: \_\_\_\_\_

## Camper Medical Form / Health Evaluation

**To be completed by camper's diabetes health care provider**

Dear Doctor:

Your cooperation in supplying the following information about an applicant for **Camp Needlepoint / Daypoint** will be greatly appreciated. **This form is due by August 1, 2009. The child will not be accepted at camp without this form.**

**To Parent:** Please complete boxed information BEFORE submitting to Physician

Gender: (circle one) M F  
Date of Birth: \_\_\_/\_\_\_/\_\_\_

Date of Exam: \_\_\_\_\_

Last hemoglobin A1C: \_\_\_\_\_ Date: \_\_\_\_\_

Target Blood glucose range: Daytime \_\_\_\_\_  
Bedtime \_\_\_\_\_

Additional diagnoses include : Celiac Disease  Thyroid disease  Other \_\_\_\_\_

Current Weight \_\_\_\_\_ Current Height: \_\_\_\_\_

Is child on a continuous glucose monitoring system?  Yes  No  
If yes, what system? \_\_\_\_\_

Is camper in a clinical trial that will require specific medical treatment/care at Camp?  
 Yes  No If yes, please **attach** specific information.

**Please Note:** It may be necessary, with more exercise to increase caloric intake. This will be done under the Camp physician's supervision and noted in the camper's chart.

### INDICATE THE LAST PRESCRIBED INSULIN DOSE FOR THE CHILD

If child is on a pump, please list insulin to carb ratio for each meal/snack

**BACKGROUND INSULIN TYPE (please circle):** Lantus Levemir NPH Other \_\_\_\_\_

**DOSE/TIME OF ADMINISTRATION:** \_\_\_\_\_

**RAPID/FAST ACTING INSULIN TYPE (please circle):** NovoLog Humalog Apidra Regular

### MEAL/SNACK DOSES (per grams of carbohydrate if applicable)

Before Breakfast \_\_\_\_\_ Before Lunch \_\_\_\_\_  
Before Supper \_\_\_\_\_ Before Bedtime \_\_\_\_\_  
Morning Snack \_\_\_\_\_ Afternoon Snack \_\_\_\_\_  
Bedtime Snack \_\_\_\_\_

What is the correction dose of insulin prescribed for high glucose boluses? (e.g. 1 unit per 50 mg/dl for BG>140)

**Note:** If insulin dose is changed during Camp, parent will be notified at departure interview.



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Other Insulin (Specify) \_\_\_\_\_

Injections are given by (please circle): Pen      Syringe      Both      Specify \_\_\_\_\_

Pump: Please list brand and model: \_\_\_\_\_

Have any complications of diabetes or disabilities been detected?  Yes  No  
If yes, please specify: \_\_\_\_\_

**Emotional Status:** It is imperative that the Camp medical team be aware of any family or camper emotional problems which may affect the camper’s health at Camp or the health and safety of other campers and staff.

Has the child or family been in counseling over the past year?       Yes  No  
Has the family been referred for counseling?       Yes  No  
If yes, what is the nature of the problem?  
\_\_\_\_\_

Do you have any specific concerns regarding the management of this child’s diabetes or health at Camp?  Yes  No  
If yes, please explain:  
\_\_\_\_\_

Do you have any suggestions for the care of this particular child at Camp or for areas of diabetes management and education focus?  Yes  No  
If yes please explain:  
\_\_\_\_\_

Do you recommend any limitations on child’s activity while at Camp?  Yes  No  
If yes, please describe: \_\_\_\_\_

Are there any reasons that you feel your patient should not participate in the American Diabetes Association summer Camp program?       Yes  No  
If yes, why not?  
\_\_\_\_\_

Physician’s name (typed or printed) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_

Mail or fax form to: **American Diabetes Association  
Camp Needlepoint / Daypoint  
5100 Gamble Drive, Suite 394  
St. Louis Park, MN 55416  
Fax: 952-582-9000**



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## COUNSELOR/THERAPIST/PSYCHIATRIST FORM

**To Parent: If your child has been in counseling within the past year, please have the Counselor/Therapist/ Psychiatrist/ Psychologist complete and return this Questionnaire**

Please complete sign, date and return to: American Diabetes Association  
Attention: Camp Medical Director  
5100 Gamble Drive, Suite # 394  
St. Louis Park, MN 55416  
Fax: 952-582-9000

Any delay in returning this form may result in your patient being placed on a waiting list.

**To Parent:** Please complete/sign this box before forwarding to health professional.

Patient's Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

As the parent/legal guardian, I freely give permission to my child's therapist/counselor to release information pertaining to my child to the American Diabetes Association for their use at Camp or speak with the ADA representative concerning my child's treatment.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date

1. How long have you known your patient? \_\_\_\_\_

2. Has your patient been compliant in attending appointments?  Yes  No

3. Does he/she pose any danger to self or others?  Yes  No  
If yes, please explain.

4. Is there any prior history of suicidal ideation or attempt?  Yes  No  
If yes, please explain.

5. Is your patient on any psychiatric medications?  Yes  No  
If yes, please list the medication(s), strength and dosage:





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## Prospective Camper CONSENT FORM

- I hereby apply for admission of my child (name) \_\_\_\_\_ to the summer Camp for children with diabetes operated by the American Diabetes Association.
- I understand my child shall be subject to the same Camp rules as the other children at Camp.
- I consent to my child receiving any and all medical care, treatment and testing the Camp's health care provider in charge determines is medically necessary, in his or her sole discretion (including without limitation diet, insulin dosage and/or type 2 oral medication and daily blood glucose monitoring). I consent to my child receiving any other medically necessary medical care, treatment, and testing the Camp diabetes care provider in charge may cause to have performed by a licensed health care provider, emergency medical personnel at any facility, clinic or hospital while my child is a Camp participant, including without limitation tuberculin test and x-ray if the test is positive, and blood testing for Hepatitis B and/or HIV antibodies, in the event of an accidental finger prick where there may be possibly contaminated material (such as a syringe needle or lancet). I agree that I am personally responsible for any and all medical charges and expenses resulting from the treatment of my child either on the Camp property or at an off-site facility and that my insurance, if any, shall be the primary insurance plan.
- I further consent to the release of any and all test results to the Public Health Authorities, if such release is required by any law, statute, or regulation.
- I freely give permission to my child's health care providers (including without limitation physicians, physician's assistants, clinical nurse practitioners, R.N.s, R.D.s, certified diabetes educators, therapists, psychologists, etc.) to release any and all information pertaining to my child to the American Diabetes Association, and any third party health care providers or institutions the American Diabetes Association deem medically necessary to treat my child during the Camp session. This consent expires at the end of the camp session or the last day any necessary paperwork arising from the treatment of my child is complete, whichever date is later, and may be revoked at anytime by giving written notice to the American Diabetes Association
- I hereby grant my consent and permission for my child to leave the premises of the camp on occasional trips to nearby points of interest under the supervision of the Camp Staff.
- I understand that while the American Diabetes Association may supply insulin, syringes, monitoring supplies and routine first aid care required at Camp, I shall be primarily responsible for the cost of all other medical treatment of my child, including but not limited to laboratory tests, x-rays, and emergency treatment at a hospital or clinic.
- I understand that ADA is not responsible for any damage, maintenance, repair or replacement of any durable medical equipment (including insulin pumps, continuous glucose monitors, hearing aids) my child may use during camp, and other risks assumed in the use of such devices
- I hereby waive, release and shall indemnify ADA against any and all claims, injury, damages or liability which may arise from my child's use of any durable medical equipment including without limitation misuse, malfunction or medical care in connection with such durable equipment.
- I understand that the purpose of the continuous glucose monitor is to show trends and not to adjust insulin. No alterations in my child's medical plan will be made based on CGM readings/warnings (alarms) without discussion with and approval of camp medical staff directly responsible for my child's care.
- In order to assist in the prompt treatment of my child, I hereby consent to any necessary medical or surgical treatment and testing of my child of an emergency nature and my child receiving off-site medical care at the closest available medical facility. Below my signature, I have listed the policy number for any applicable policies of hospitalization insurance that I carry on this child (including Medical Assistance). I authorize the appropriate representative of the American Diabetes Association to release the information concerning my hospitalization insurance to any provider of medical or surgical services to my child.
- In consideration of the American Diabetes Association allowing my child to attend its summer Camp, I hereby knowingly waive and release the American Diabetes Association, its agents, employees, assigns, volunteers, directors, officers and medical staff, from any and all liability or claim arising out of and in connection with my child's participation in camp for any reason.
- I have read and am aware of and shall abide by the Camper Pick-Up policies.

Please check and initial one of the two following statements:

\_\_\_\_\_ I do consent to the placement of my child's name, address, phone number and email address in a Camper Directory that is given to each camper.  
Initials

\_\_\_\_\_ I do not consent to the placement of my child's name, address, phone number and email address in a Camper Directory that is given to each camper.  
Initials

\_\_\_\_\_ Further, I have read, and fully understand and I knowingly agree to the terms of this Consent Form.  
Initials

\_\_\_\_\_  
Signature of Father/ Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

### The following information is for hospital / immediate care center billing purposes only:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder Information: Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Child's Information: Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_



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**\*You or the person you have authorized to pick up your child must bring a photo ID (driver’s license) to check out your child.\***

## Camp Needlepoint Release Form

Camper Name: \_\_\_\_\_

THE FOLLOWING STATEMENT MUST BE COMPLETED AND SIGNED BY THE LEGAL PARENT/GUARDIAN.

CAMPER RELEASE STATEMENT

- I am able to pick up my child at the close of the camp session.
- I hereby authorize the CAMP NEEDLEPOINT staff to release my child at the completion of the camp session to:  
 Name: \_\_\_\_\_ Relation to camper: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                     Street                      City/State                      Zip                      Area Code and Number

If I am unable to pick up my child on the last day of camp, I understand that this measure is taken to insure the protection of my child.

Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Phone: \_\_\_\_\_



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## AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION

HIPAA (Health Insurance Portability and Accountability Act)

Camper Name: \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_

Name of Custodial Parent /Legal Guardian \_\_\_\_\_

- I hereby authorize the American Diabetes Association (ADA) to release the above named Camper's Personal Health Information (PHI) as described below:

The purpose of this disclosure is to promote the ADA Camp program, publicize the ADA Camp program, and/or fund-raise for the American Diabetes Association:

Check all to which you agree.

The PHI to be disclosed is limited to the following:

Camper photograph or likeness

I would like my child and I to receive a username and password for access to ADA's Camp Web pages for ongoing communication with Camp staff and campers.

Other: (specify \_\_\_\_\_)

The PHI may be disclosed as part of the American Diabetes Association's marketing efforts, including but not limited to, mailing list development for Camp, a brochure promoting Camp or other educational program, or fundraising events of the American Diabetes Association.

Expiration date: This Authorization shall expire on December 31, 2019.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving ADA written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my child's ability to receive treatment, get payment for treatment, or attend camp.

I understand that I will be given a copy of this signed Authorization.

A copy of this document is valid as an original. The original is not required to be shown.

\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Name (print)

\_\_\_\_\_/\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Signature / Date

\_\_\_\_\_  
Relationship to Camper



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## Insulin Regimen

**Instructions to Parents:** Because it is very common for a child's or teen's insulin regimen (how much insulin they take & how often) to change, please complete this form no sooner than July 1, 2009.

**Deadline to Return: August 1, 2009**  
**Return To: American Diabetes Association**  
**Camp Needlepoint / Daypoint**  
**5100 Gamble Drive, Ste. 394**  
**St. Louis Park, MN 55416**

**CAMPER NAME** \_\_\_\_\_

### Insulin /Carbohydrate Regimen for Syringe or Pen Users ONLY

|  |  |
|--|--|
| Instructions: Please list the type and amount of insulin given<br>Examples: Breakfast 15N & 3H or 15N plus 1 unit Humalog per 10 grams of carbohydrate |  |
| Breakfast  |  |
| Morning Snack  |  |
| Lunch  |  |
| Afternoon Snack  |  |
| Dinner   |  |
| Evening Snack  |  |
| <b>Correction Factor used for blood sugars above what mg/dl?</b><br>Example: bs >150   |  |
| <b>Insulin Correction Dose:</b> Units given per mg/dl of blood sugar?<br>Example: 1 unit Humalog for every 50 points                                   |  |

### For Pump Users ONLY: Pump Basal Rates: Please enter child's rate per hour.

|          |  |         |  |         |  |
|----------|--|---------|--|---------|--|
| Midnight |  | 8:00am  |  | 4:00pm  |  |
| 1:00am   |  | 9:00am  |  | 5:00pm  |  |
| 2:00am   |  | 10:00am |  | 6:00pm  |  |
| 3:00am   |  | 11:00am |  | 7:00pm  |  |
| 4:00am   |  | Noon    |  | 8:00pm  |  |
| 5:00am   |  | 1:00pm  |  | 9:00pm  |  |
| 6:00am   |  | 2:00pm  |  | 10:00pm |  |
| 7:00am   |  | 3:00pm  |  | 11:00pm |  |

### Insulin / Carbohydrate Bolus Rates for Pump Users ONLY

|  |  |
|--|--|
| Instructions: Please list the type and amount of insulin given to cover each meal.<br>Example: 1 unit Humalog per 10 grams of carbohydrate |  |
| Breakfast  |  |
| Morning Snack  |  |
| Lunch  |  |
| Afternoon Snack  |  |
| Dinner   |  |
| Evening Snack  |  |
| Correction Factor used for blood sugars above what mg/dl?<br>Example: bs >150  |  |
| <b>Insulin Correction Dose:</b> Units given per mg/dl of blood sugar?<br>Example: 1 unit Humalog for every 50 points                       |  |
| Total Daily Carbohydrates  |  |



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### CAMP REFUND POLICY

The American Diabetes Association strives to control the costs associated with providing camp in order to keep the fee families pay as reasonable as possible. ADA underwrites the cost of every camper by at least 50% of the fee that is charged to families.

In order to provide the camp program, ADA must contract and pay for the procurement of staff, a camp facility and all supplies up to 10 months prior to camp. We must pay all expenses for a guaranteed number of campers regardless of the number that actually attend. Therefore, this policy is to ensure that we can continue to make camp affordable for families, continue providing financial assistance to families who need it, and have time to fill vacancies from the camp waiting list.

This information sheet does not need to be returned to the American Diabetes Association.

#### Camp Committee unable to place camper in a session:

Refund of Camp Fee & deposit

#### Camper Cancels after being accepted:

- a. Written cancellation received 60 days prior to camp opening day.  
Refund of Camp Fee less non-refundable deposit
- b. Written cancellation received 59 to 30 days prior to camp opening day.  
Refund of 50% of Camp Fee less non-refundable deposit
- c. Written cancellation received 29 to 15 days prior to camp opening day:  
Refund of 25% of Camp Fee less non-refundable deposit
- d. Written cancellation received 14 days or less prior to camp opening day:  
No refund of Camp Fee or non-refundable deposit.
- e. Serious Illness or death in family:  
Refund of Camp Fee less non-refundable deposit

#### Opening Day:

- a. Camper not accepted due to condition found by camp physician during camp opening day health screening.  
Refund of Camp Fee less non-refundable deposit
- b. Camper not showing on opening day.  
No Refund of Camp Fee or non-refundable deposit



## ADA Diabetes Camp NP / DP Application –2009



### Early Departure of Individual Camper from Camp:

- a. Illness during camp; camp physician recommends camper returns home.  
Refund of Camp Fee prorated less non-refundable deposit
- b. Illness during camp; camp physician recommends camper can remain in camp, but parent elects to withdraw camper.  
No Refund of Camp Fee or non-refundable deposit
- c. Serious Illness or death in family, camper removed at parent's request.  
Refund of Camp Fee prorated less non-refundable deposit
- d. Camper elects to leave camp early (camper homesick; camper wanting to return home for various reasons).  
No Refund of Camp Fee or non-refundable deposit
- e. Camper sent home for reasons determined appropriate for protection of said camper, other campers or staff.  
No Refund of Camp Fee or non-refundable deposit

### Early Closure of Camp because of Shortened Session due to Fire, Epidemic, or Natural Disaster:

- a. During the first half of camper session.  
One-half of camp fee paid will be refunded less non-refundable deposit
- b. During the last half of camper session.  
No Refunds will be made
- c. Camp closed prior to session due to above.  
Refund of camp fee less non-refundable deposit

### Late arrival or camper absence during camp session:

No Refund of Camp Fee or non-refundable deposit