



ADA Diabetes Camp Application –2009



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 **ADA Camp Carefree** will be greatly appreciated. **The child will not be accepted at Camp without this form.**

To Parent: Please complete boxed information BEFORE submitting to Physician

Name of applicant: _____ Gender: (circle one) M F
Date of Birth: ___/___/___

Date of Exam: _____

Last hemoglobin A1C: _____ (lab normal range _____) Date: _____

Target Blood glucose range: Pre-breakfast _____ Pre-lunch _____
Pre-supper _____ Bedtime _____

What is child's nutrition program? _____

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

UNITS/TYPE (per grams of carbohydrate if applicable)

Before Breakfast _____	Before Lunch _____
Before Supper _____	Before Bedtime _____
Morning Snack _____	Afternoon Snack _____
Bedtime Snack _____	

PLEASE CIRCLE ALL THAT APPLY:

Lilly (Humulin)	Humalog, Humulin N, Humulin R, Humulin 70/30, Humulin 50/50, Humalog Mix 75/25, Humalog Mix 50/50
Novo-Nordisk (Novolin)	Novolog, Novolin N, Novolin R, Novolin 70/30, Novolog Mix 70/30, Levemir, ReliOn
Sanofi-Aventis	Lantus, Apidra



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Other Insulin (Specify) _____

Pen _____

Pump: Please list brand and model: _____

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.

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 Form To: **Beth Rowe**
ADA Camp Carefree
PO Box 342
Newmarket NH 03857-0342



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COUNSELOR/THERAPIST/PSYCHIATRIST FORM

To be completed by health professional listed above

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
PO Box 342
Newmarket NH 03857-0342

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 _____

Return to: **Beth Rowe ADA Camp Carefree PO Box 342 Newmarket NH 03857-0342**



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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

Return to: **Beth Rowe ADA Camp Carefree PO Box 342 Newmarket NH 03857-0342**



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AUTORIZACIÓN PARA COMPARTIR INFORMACIÓN DE SALUD PERSONAL

HIPAA (Health Insurance Portability and Accountability Act)

Nombre del Participante: _____

Fecha de Nacimiento del Participante _____

Nombre del Padre con la Custodia /Guardián Legal _____

- Autorizo a American Diabetes Association (ADA) a compartir información de salud de la persona anteriormente mencionada según se indica a continuación:

El propósito de compartir la información es para promover o hacer publicidad al programa de campamento de American Diabetes Association, y/o recolectar fondos para American Diabetes Association:

Marque todas con las que está de acuerdo:

La información de salud que se puede compartir está limitada a:

Foto del participante u otro documento de identificación

Quisiera que mi hijo/hija reciba un nombre de usuario y contraseña para tener acceso a las páginas Web de la ADA para tener constante comunicación con el personal y participantes del campamento.

Otro: (especifique _____)

La información de salud personal puede ser revelada como parte de los esfuerzos de mercadeo del American Diabetes Association, incluyendo, pero no limitada al desarrollo de una lista de contactos, panfletos de promoción del campamento y otro programa educativo, o eventos para recaudar fondos para American Diabetes Association.

Fecha de vencimiento: Esta autorización expira el 31 de diciembre del 2019.

Derecho a Revocar: entiendo que tengo el derecho a revocar esta Autorización en cualquier momento por medio de una notificación escrita a American Diabetes Association. Entiendo que cualquier revocación no aplicará a información que haya sido compartida previamente con relación a esta autorización.

Entiendo que tengo el derecho de negarme a firmar esta Autorización y que hacerlo no tendrá ningún impacto sobre los derechos de mi niño para recibir tratamiento, recibir pagos para tratamientos, o asistir al campamento.

Entiendo que se me dará una copia de la Autorización firmada.

Las copias de este documento son tan válidas como su versión original. No se requiere que se presente el documento original.

Nombre del Padre con la Custodia/ Guardián Legal

(imprima)

_____/_____
Firma del Padre con la Custodia/ Guardián Legal / Fecha

Relación con el Participante

Relación con el Participante

Envias esta forma a: **Beth Rowe ADA Camp Carefree PO Box 342 Newmarket NH 03857-0342**



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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 30, 2009**

Deadline to Return: Please bring with you to camp on Opening Day, August 2, 2009

Return To: **Do NOT mail in, please bring with you to camp**

Insulin /Carbohydrate Regimen for Syringe or Pen Users ONLY

Instructions: Please list the type and amount of insulin given Examples: Breakfast 15N & 3H or 15N plus 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? Example: bs >150	
Insulin Correction Dose: Units given per mg/dl of blood sugar? 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. 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? Example: bs >150	
Insulin Correction Dose: Units given per mg/dl of blood sugar? 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



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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



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Priority System for Prospective Camper

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

Camper Assignments: Campers are assigned based on the following criteria.

- Priority I: New Camper, a child or adolescent with diabetes who has never attended (*insert camp name*) and has had diabetes less than one year.
- Priority II: New Camper, a child or adolescent with diabetes who has never attended (*insert camp name*) and has had diabetes more than one year.
- Priority III: Former Camper, a child or adolescent who has been to camp and needs to return to camp because of special needs or circumstances.
- Priority IV: New Camper, a child or adolescent who has attended a diabetes camp (residential or day), other than (*insert camp name*).
- Priority V: Former Camper, who is in their last year of eligibility to attend camp.
- Priority VI: Former Camper, a child or adolescent who has been to a diabetes camp one or more times. The following will be considered:
1. Length of time since last camp experience.
 2. Evaluation from previous camp experience.
 3. Age

Children in Priorities I, II, and III are accepted first.



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CAMP CAREFREE PAYMENT ARRANGEMENT FORM

Camper's Name: _____

- I/We agree to pay the total two-week camp tuition of **\$900.00**
PLEASE NOTE: this includes the \$25.00 non-refundable registration fee that you have already paid!

I/We understand the camp fee is due to Beth Rowe **TWO WEEKS PRIOR TO OUR CHILD'S ARRIVAL AT CAMP**, unless other arrangements are made with Beth.

- I/We agree to pay the entire camp fee, using the payment schedule below:

Non-refundable fee:	\$25.00 (already paid)
April 15:	\$200.00
May 15:	\$225.00
June 15:	\$225.00
July 15:	<u>\$225.00</u>
Total:	\$900.00

I/We need financial assistance (check appropriate box below):

- I/We have made arrangements with the _____ (organization, agency or company) to pay \$_____ towards the camp fee. ****Please note: if this amount is less than the total camp fee, please complete the financial aid application for the balance.**
- I/We would like assistance in the amount of \$_____. My completed financial aid application is attached. I understand that I am responsible for the remaining portion of the fee.

Insurance Reimbursement:

Some medical insurance companies will reimburse for some or all of the tuition to camp. Please check with your insurer and let Beth Rowe know if your insurance company will cover the cost of camp (whether partial or full). If you require an insurance receipt for reimbursement, please let Beth know.

Charging Camp Fee:

- I/We would like to charge the camp fee to: Visa Mastercard AMEX
 Credit Card # _____ Card Expiration Date: _____
 Amount to be charged to the card: \$ _____
 Name as it appears on the card: _____ Signature: _____
 Check here if you wish us to charge your account according to the monthly payment plan as noted above.

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Name(printed): _____

PLEASE RETURN THIS FORM WITH APPLICATION PAGE



ADA Diabetes Camp Application –2009



CAMP CAREFREE INFORMATION FOR PARENTS

CAMP MAILING ADDRESS:

American Diabetes Association Camp Carefree
PO Box 2118
Wolfeboro NH 03894-2118
603-859-0410

CAMP WEB-SITE ADDRESS:

www.campcarefreekids.org

American Diabetes Association CAMP CAREFREE is located at Lion's Camp Pride off Middleton Road on Merrymeeting Lake in New Durham, New Hampshire. The camp opens onto a cove in the southeastern corner of the lake and is ringed by hills on three sides.

TRAVEL DIRECTIONS TO CAMP: Please visit our website for directions to camp. Also included are maps!

ARRIVAL TIMES: Campers should arrive **WITH PARENTS/GUARDIANS** between 1:00 and 3:00pm on **Sunday, August 2nd**. Camp processing takes approximately 2 hours and provides parents with the opportunity to meet with the medical and nutrition staff, the camp director and the camper's counselors. Please note the arrival time below---we have set up these times as noted in hopes that it minimizes the number of people at camp at one time---these times are for your benefit, so **PLEASE** adhere to the times listed! Please also note: if you have a pet, you **MUST** leave your pet in the car during the Opening Day process **AND** the Closing Day process!! Please refrain from bringing your pets into the buildings on these days!

Campers with <u>LAST</u> names beginning with: M-Z: PLAN TO ARRIVE BETWEEN 1-2PM A- L: PLAN TO ARRIVE BETWEEN 2-3PM
--

VISITING TIMES: Parents are invited to see the camp and talk with the staff on the **FIRST** day and again on the **LAST DAY** at the time of departure. No visiting is permitted during the actual camp session!

TELEPHONE CALLS: Parents are welcome to call the camp between the hours of: **9:00-10:00am and 3:00-5:00pm** to inquire about their child's well being. The camp administrative office number is: 603-859-0410. No personal calls to campers are permitted during camp. All inquiries about a camper's diabetes management should be made to the Health Center #: 603-859-3266.

LETTERS: Parents are encouraged to write letters frequently! Mail call is the major highlight of the camp day. We suggest that you write a letter and mail it to arrive on your child's first full day of camp. Also, you can send **one way e-mails** to your child via the camp website address: www.campcarefreekids.org. Please be aware that there is a charge of thirty-five cents per e-mail sent, which helps to cover our costs.

FOOD: **DO NOT SEND OR BRING FOOD TO CAMP!** This adds a burden to the medical and dietary staff and is counter productive to helping your child with their diabetes management.

FINANCIAL AID: If you are applying for financial aid, please do so by **April 30th**. You will be notified of eligibility as soon as your application is received. Please note: When applying for the financial aid, you are requested to send a copy of your 2008 tax form (front page only). We realize that not everyone will have their tax forms available by April 15th, don't worry; please send along the Request for Financial Aid form anyway, filled out to the best of your ability. We ask that you send the tax form **NO LATER** than **April 30th**. Eligibility will not be determined until **AFTER** I get the tax form. You are responsible for paying the difference between the camper's tuition and the amount awarded. This payment is due by **July 15th**, unless other arrangements have been made with Beth Rowe, Administrative Assistant @ 603-659-7061 or e-mail: BR4sox@comcast.net. **PLEASE ALSO NOTE:** If your camper has received financial aid for two years (consecutively or not), you will not be given financial aid again this year. If you received financial aid for one year, we will only award you half of what you qualify for this year. This allows for other families who have not received financial aid, the ability to receive it- remember: our resources are limited. Thank you for your understanding.



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FORMS: Although there are many, each form is for the benefit of your child. Please remember, you are requested to complete and return five requested forms by April 30th. All remaining forms will be due by May 15th. These forms help all of us at ADA Camp Carefree do our best for your child. Every attempt to avoid excess duplication has been made. Activity choices are made via the **Optional Program Choices form**. We ask that you have your child (**NOT you, the parent!**) filling out this form. They are the ones doing these activities, so we want THEM to be happy with the choices made!

LAUNDRY: We would like to remind you that there are NO laundry facilities for camper use.

BED WETTING: If your child has a problem in this area, PLEASE let us know before camp starts. The embarrassing aspects can be greatly minimized if the counselors are prepared to deal with the situation. Please send the rubberized sheet as listed on the clothing list, and we'll take care of the rest!

RADIOS/ELECTRONIC DEVICES: Campers are NOT permitted to have radios or other electronic equipment at camp. Not only can this equipment be distracting, but it can easily be broken or lost. NOTE: this includes: hairdryers, CD players; MP3 Players; Walkmans; IPODs or hand held video games, etc.

DEPARTURE TIMES: American Diabetes Association Camp Carefree closes on **Saturday, August 15th**. Parents/guardians should plan to arrive between 9:30 and 11:00am for the Check-out process. All campers should be on their way home NO LATER than 12 noon, when camp officially closes. ***We respectfully ask that you DO NOT PLAN to have your child leave camp at an earlier day/time as this affects many, many others as well as your child. PLEASE PLAN FOR THIS PICK-UP TIME ONLY!!!!!!*****

CANCELLATIONS: MUST BE MADE IN WRITING 60 DAYS PRIOR TO THE START OF CAMP, except in emergencies. Refunds will be made, less the \$25 non-refundable registration fee. Please be sure to read the enclosed papers describing the cancellation process.

ADDITIONAL QUESTIONS SHOULD BE DIRECTED TO:

Beth Rowe @ 603-659-7061, or e-mail: BR4sox@comcast.net

QUESTIONS FOR THE CAMP DIRECTOR SHOULD BE DIRECTED TO:

Phyllis Woestemeyer @ 732-752-5847, or e-mail: carefreecamp@aol.com

PLEASE HOLD ONTO THIS PAPER FOR FUTURE REFERENCE AND/OR QUESTIONS YOU MAY HAVE ABOUT CAMP!!

Your inquiries and comments are always welcome!



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CAMP CAREFREE SPONSORSHIP FORM

This form is to be completed by anyone sponsoring all or part of a camper’s fee. The total camp fee is: \$900.00. Please note: Parents are responsible for paying the \$25 non-refundable application fee; thus, the full fee needed for sponsorship is: \$ 875.00. Please do not pay more than the \$875 needed for sponsorship!

Sponsor (agency, organization, relative or friend) should complete this form and mail it with their contribution, by July 15th to:

American Diabetes Association
CAMP CAREFREE
PO Box 342
Newmarket, NH 03857-0342

Sponsor’s Name: _____

Contact Person (if an agency/organization): _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

The above named will provide campership assistance for:

Camper’s Name

In the amount of: \$ _____

Due by July 15th

CAMP CAREFREE is a program of the American Diabetes Association. For accounting purposes, our federal non-profit tax ID number is 13-1623888

This form may be copied as needed



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CAMP CAREFREE OPTIONAL PROGRAM INFORMATION

The following optional program descriptions are what each camper receives prior to the start of camp. They make choices of which activities they would like to do based upon these descriptions and we try to schedule them for their top three preferences. We thought you should see what is presented to the campers so that you might have a better idea of what they will be expecting from each program at camp. **PLEASE NOTE: LAST PAGE OF THIS FORM MUST BE RETURNED TO BETH ROWE AS SOON AS POSSIBLE! CLASSES ARE FILLED ON A FIRST COME, FIRST SERVE BASIS!**

OPTIONAL PROGRAM DESCRIPTIONS

ARCHERY: Standing at the firing line, you feel your shoulders tighten while the string pulls against your fingers...WHOOSH! Your straight and sleek arrow screams through the air and smacks the target! Our archery counselors, the Robin Hoods of camp, will teach you how to hold a bow, load an arrow and shoot the bull's eye. Come shoot balloons and funny pictures; take part in fun tournaments while becoming a skilled archer! Become a part of one of the most popular activities at CAMP CAREFREE.

CAMP CHRONICLE PHOTOGRAPHERS: (Camper **MUST** be 12 years old to participate) Do you have a digital camera but you're not quite sure how to use it? Do you want to create camp memories that will last a lifetime? Join our photography instructors as they show you how to expand your knowledge and create amazing photos that will impress everyone you know! You will also work together with the Camp Chronicle Writers so that you can use the images you create in the camp yearbook. **We prefer that you bring your own digital camera, however if you don't have one, we have a limited number of camp digital cameras available for use.**

CAMP CHRONICLE WRITERS: We have expanded this very successful program. The "Carefree Chronicle" is published at the end of the two week camp session. Work together with the Camp Carefree Photographers to create a yearbook that will capture the memories of ADA Camp Carefree. Report on Camp events, write a short story, a poem or interview some of the interesting people of camp! Get involved in the stories and events of the summer and see your efforts in print!

DRAMA: For the actor or actress in all of us! Are you the theatrical type? Do you enjoy a belly full of laughs? Why not sign up for our exciting drama program? Put together a skit, small production, talent show (involving the whole camp), camp spoof or other special events. You will get the chance to act up, but this time for all of your friends. Performances may be given at evening programs, campfires or awards night. Don't miss your chance to be discovered! See if you can top the Counselor Show!

FISHING: True lovers of the art of fishing know the thrill of playing a fish to shore and landing it. Will you be the one to discover the secret place where the big ones hide? Merrymeeting Lake can be explored by CAMP CAREFREE's avid anglers. Our fishing counselors will share fishing tips, but only you can actually make the catch! Use one of our fishing poles, or bring one of your own from home. **If you bring a pole or tackle box from home, it MUST be given to the Program Director on Opening Day so it can be locked up for safe keeping! You will still be able to use your equipment during class, but it will be locked up when not in use. Please label your equipment with your name!!** If you love fishing, or would like to learn, this program is for you!

GEOCACHING: Want a chance to learn how to use a GPS locator? This navigational adventure sends you on a "seek and find" mission! You'll feel like you're a true Investigator! Using satellite data, you will be searching for hidden treasures! You must find these items, note the spot you found them, and then leave them for the next person to find! You can also enter this information on a nationwide system via computer, for someone else to find. AND, with the use of your own GPS system, you can find Geocach items someone else has left in other parts of the country! Sound intriguing? Maybe you should "seek-out" this activity!



ADA Diabetes Camp Application –2009



LANDSPORTS: The roar of the crowd, the feeling of your team behind you, the thrill of an exciting game in which you help score a goal. Our Land Sports include such traditional games as volleyball, basketball, badminton, soccer and softball. Don't miss your chance to play for the fun of it!

OUTDOOR LIVING: ADA Camp Carefree sits on the northernmost rim of 330 largely unexplored acres. What's out there? Follow animal footprints through the moist soil of a stream bank, check out your knowledge of plants along the camp's nature trails, or make plaster casts of animal tracks. Investigate with our counselors and outdoor specialists all aspects of outdoor living, including: plant and animal identification, star gazing, camp craft and outdoor safety. Those who qualify will practice what they have learned on an overnight in our Adirondack shelters!

ROCKETRY: **Campers must be 11 years or older to participate.**

There is a fee to cover the cost of each rocket (collected on opening day, is usually between \$10-\$20) only 1 rocket per camper is permitted. Your rocket trembles on the launching pad ready for its fiery ascent into the sky above. It's the rocket you carefully fashioned from a box full of disconnected parts, sanded and painted to your design. The entire camp is invited to watch the historic launching from CAPE CAREFREE on the last full day of camp. You enter the countdown to launch with your fingers touching the firing button...3...2...1...Fire! Everyone watches as your rocket soars 700-1000 feet into the air! Come join the countdown!

SMALL CRAFT: (MUST PASS A SWIM TEST)

Your paddle breaks the stillness of the silent lake as your canoe slips through the still waters. The morning is bright with a gentle breeze, a perfect day for you and your partner to explore the lake and all its mysterious coves. Our Small Craft Instructors will teach you how to handle a canoe or kayak and show you paddle strokes that really work so that you can become a skilled paddler. Short trips may be taken on the lake with both canoes and kayaks, weather conditions permitting.

YOGA: Another new program at ADA Camp Carefree! Our special guest fitness and yoga instructor has many years of experience in teaching her craft. She will guide you safely through developing and implementing a safe, effective and fun fitness program. The focus will be on the entire body, including working on muscle strength and flexibility, the cardiovascular system as well as building your self esteem through fitness. Join us in this class and take home new fitness skills that you can continue to use at home!

Please fill out the Optional form below.



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Return just this page to Beth Rowe ASAP!
PO Box 342
Newmarket NH 03857-0342

Please have your **CHILD** fill out! They are the ones taking the classes, not the parent ☺

OPTIONAL PROGRAM CHOICE FORM

Camper's name: _____

Camper's Age on the first day of camp: _____

Has Camper been to ADA Camp Carefree before? YES NO (Circle one)

If yes - Circle the COLOR TEAM you were on the last time you were at camp:

Green White

Total number of past summers you attended ADA CAMP CAREFREE _____

Optional Choices (List ALL ELEVEN in order of preference):

- | | |
|-----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |
| 11. _____ | |

Please return by May 15th to address indicated at the top of this form



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CAMP CAREFREE

CAMPER CONTRACT-2009

I, _____ will have a good time at Camp
(Name of Camper)

Carefree. I will not in any way cause someone else to have a bad time. To help me do this, I will follow the guidelines below.

1. I will follow Camp Carefree rules at all times (posted in my cabin and listed on the back of this form).
2. I will respectfully follow directions by all counselors and staff without argument.
3. I will be nice to others and not hurt anyone both during and after camp, either physically or with my words or actions.
4. I will be helpful to others in my cabin, classes, activities, and at meals.
5. I will be someone everyone can trust.
6. I will learn more about how to manage and successfully live with my diabetes. This includes trying to consistently keep my blood sugars within my target range as determined by the camp Medical Staff and my parents.

I understand that I **must** follow all the guidelines above. If I do not, the camp staff, along with my parents/guardians, will take actions I may not like.

Camper _____
Signature Date

I have read and understand this Camper Contract/Rules and will help enforce it. I have also read and explained it to my child and believe s/he understands it as well.

Parent/Guardian _____
Signature Date

I have read and reinforced the importance of this Camper Contract/Rules with this camper and believe s/he understands it.

Cabin Counselor _____
Signature Date

Please return this form to:
Beth Rowe
ADA Camp Carefree
PO Box 342
Newmarket NH 03857-0342



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CAMP CAREFREE

RULES FOR CAMPERS

These rules were established for the well being of ALL campers so that they may enjoy a safe and fun filled experience during their stay at Camp Carefree.

1. Respect everyone in Camp at all times and cooperate with your fellow campers and staff. Never use bad/inappropriate language, tease or harass anyone.
2. Use the Buddy System. Stay on camp property and never go anywhere without a buddy and/or a counselor.
3. Make sure a counselor always knows where you are.
4. Only go into your cabin when a staff member is present.
5. Be on time for all camp activities. Your schedule should be followed unless changed by the Program Director.
6. Do not go into the Kitchen or the Camp Offices area unless you have permission.
7. Do not go on the beach, dock, or near the water unless a counselor is with you.
8. Always wear shoes, preferably sneakers, and socks. No jelly shoes.
9. Knock before entering the Health Center.
10. ALL electronic equipment (including, but not limited to, cell phones, hand held video games, radios, CD players, IPODs and hair dryers) will be taken by the counselors for safe keeping during Camp.
*****Fishing poles/tackle boxes for use during fishing activities MUST be turned in to the Program Director on opening day.**
11. Put all litter in trash cans to keep area clean. Make sure all sharps are put into red sharps containers.
12. Line up by Activity Posts before meals until asked to enter the Dining Hall by the COD.

REMEMBER, standing by and watching someone else break the rules is just as bad as breaking the rules yourself.