



ADA Diabetes Camp Application –2009



Dear Parents and Prospective Camper:

Thank you for your interest in the American Diabetes Association Camp EDI, at Camp Mihaska, 1466 Hwy N, Bourbon, MO 65441, Sunday, July 26 – Sunday, August 2, 2009.

American Diabetes Association Camp EDI is a program owned and organized by the American Diabetes Association in conjunction with leading medical and camping professionals in your local community.

American Diabetes Association Camp EDI, held at Camp Mihaska, an accredited camp by the American Camp Association, provides a safe, medically supervised camping experience for children with diabetes. It is hoped that each child who attends Camp grows as an individual through the ideas and experiences shared.

While having diabetes is not dwelled upon at Camp, opportunities to learn are offered in informal settings. In years past, campers have described their experience at Camp as educational and fun! While Diabetes Camp is not a clinic in the woods, our medical team provides round the clock care of your child with safety as our primary concern. The week of Camp will not be the time to try new treatment regimes or achieve perfect blood sugar control. Fluctuations in your child's typical blood sugars are likely to occur due to changes in daily routine and environment.

Accommodations are air-conditioned cabins, nestled in the foothills of the Ozark Mountains in Bourbon, MO.

This year we can accommodate 152 campers. Applications are reviewed and processed according to priority and date of arrival at the American Diabetes Association office. Priority is given to first time campers and American Diabetes Association event participants. **Campers are given cabin placement only after all forms are received, including a copy of the most recent immunization record.** Therefore, it is critical that you complete all required forms. **To maintain placement, all fees are due no later than June 15, 2009.** Applications are accepted after this deadline, space permitting. The information you provide allows us to adequately prepare for the best week of your child's summer.

Once all camper slots are filled, children will be placed on a waiting list. This waiting list is important so that we can fill Camp slots at the last minute. If you are interested in attending American Diabetes Association Camp EDI, **please download, print, complete and mail the following forms:**

Mandatory Forms

- **Camper Application** – to be completed by parent
- **Camper/Parent Behavior Contract** – to be signed by camper and parent
- **Medical Form/Health Evaluation** – to be completed by diabetes health care provider (submit to endocrinologist and ask them to fax the form to our office at 314-822-5479)
- **Counselor/Therapist /Psychiatrist Form** – to be completed by mental health care provider or signed by parent indicating that child has not seen a mental health professional in the last year
- **Consent Form** – to be signed by parent
- **HIPPA Form** – to be signed by parent
- **Eye Exam Permission Form** – to be signed by parent
- **Immunization Record** – to be obtained from pediatrician (no form included)



ADA Diabetes Camp Application –2009 **Optional Forms**



- **Gloria Hirsch Scholarship Form (first time campers only)** – to be completed by camper
- **Van Transportation Form** – to be signed by parent
- **Financial Aid Form** – to be completed by parent, if applying for financial aid, and must be accompanied by a copy of the most recent Federal 1040, 1040A or EZ tax form.
- **Payment Options** – to be completed by parent

Counselor- In-Training Mandatory Forms – for campers ages 16 & 17

Must submit all of the above mandatory forms, applicable optional forms and additional forms listed below:

- **Counselor In Training Application** – to be completed by the camper
- **Medical Class Permission Form** (for females 16 & 17) – to be completed by parent
- **Endocrinologist Reference** – to be completed by physician and faxed to our office at 314-822-5479

For questions, please contact Cathy Hartmann at 314-822-5490 or 1-888-342-2383 x 6823 or chartmann@diabetes.org

Mail ALL Forms To: *American Diabetes Association
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127*

Sincerely,

Cathy Hartmann

Cathy Hartmann, Manager – Programs, Youth Initiatives



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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

Return to: **Cathy Hartmann**
American Diabetes Association
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127



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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 **American Diabetes Association Camp EDI** 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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Name of Applicant: _____

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: **Cathy Hartmann**
American Diabetes Association
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127
Fax: 314-822-5479



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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.

If your child has not seen a counselor or therapist in the last year check line below and sign.

 My Child has *not* seen a Counselor/ Therapist/Psychiatrist in the last year

Parent signature: _____

Please complete sign, date and return to: American Diabetes Association
Attention: Camp Medical Director
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127

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: American Diabetes Association, 10820 Sunset Office Drive, Suite 220, St. Louis, MO 63127



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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 ___ Camp DVD _____)

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: **Cathy Hartmann**
American Diabetes Association
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127



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Eye Examination Permission Slip

Camper Name _____

We, the undersigned parent/guardian

_____ **GIVE MY/OUR PERMISSION FOR A FULL EYE EXAM INCLUDING DILATING DROPS TO BE GIVEN TO THE ABOVE NAMED CHILD.**

I/We understand that this examination is given without charge and is meant to be a diagnostic screening and will not, in itself, provide any therapy, or therapeutic suggestions, should any abnormal condition be found.

In addition, I/we understand that these findings will be mailed to us as soon as possible after the exam and that copies of the report will also be sent to the American Diabetes Association.

_____ **DO NOT WANT MY/OUR CHILD TO RECEIVE AN EYE EXAMINATION AT THIS TIME**

_____ Parent/Guardian Signature	_____ Date
------------------------------------	---------------

Please do not write below this line

Vision with glasses: Right eye 20/_____ Left eye 20/_____

Vision without glasses: Right eye 20/_____ Left eye 20/_____

Fundoscopy: Pinhole _____ Pinhole _____

Age: _____

Years with diabetes: _____

Exam comments: _____



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American Diabetes Association Camp EDI 2009

Dear Camper and Family,

This letter is to inform you about the American Diabetes Association Camp EDI Gloria Hirsch Campership. This campership has been developed in honor of Gloria Hirsch. Mrs. Hirsch was a volunteer for the American Diabetes Association for more than 30 years and during that time had a particular interest in the American Diabetes Association Camp EDI. Her outstanding efforts to raise money, reach people and recruit volunteers for the American Diabetes Association and her passion for the importance of diabetes camps have been an important part of the success of camp.

To honor Gloria's efforts, friends of Gloria and the American Diabetes Association have established a perpetual campership in her honor. This means that every year, one child who will be attending Camp EDI for the first time, will be able to attend at no cost as the recipient of the Gloria Hirsch Campership for that year. **This campership is available only to a first time camper and is not based on financial need.** Rather, it is based on the expected value of the camping experience to the child and/or the anticipated involvement of the camper and his or her family in promoting the mission of the American Diabetes Association: To prevent and cure diabetes and to improve the lives of all people affected by diabetes. The camper awarded this campership each year, will attend camp at no charge and will have their name inscribed on a plaque designating them as the recipient of the Gloria Hirsch Campership for that year. This plaque hangs in the office of the American Diabetes Association.

Enclosed is an application for the Gloria Hirsch Campership for 2009. If you wish to be considered for this honor, please fill out this application including the description of how camp can help you and how you feel that you can help the American Diabetes Association. The committee will review these applications anonymously; this means that the people reviewing the application will not know who submitted it. They will only know the age and sex of the child. Please send essay to Cathy Hartmann at the American Diabetes Association by **May 15, 2009** to be considered for the 2009 campership.

The Camp Committee
American Diabetes Association



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Application for the American Diabetes Association Camp EDI – The Gloria Hirsch Campership

Name of Child: _____

[delete this box before review]

Age of Child: _____ Sex: Boy Girl Previously attended diabetes camp: Yes No

In the space below, or on a separate sheet of paper, the potential camper should describe how the American Diabetes Association Camp EDI can help him/her and/or how he/she can help the American Diabetes Association accomplish its mission. Please limit the response to no more than 150 words.

For first-time campers only Deadline May 15, 2009

Send to: Cathy Hartmann
American Diabetes Association, Gateway Area Office
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127



ADA Diabetes Camp Application –2009
AMERICAN DIABETES ASSOCIATION



APPLICATION FOR CAMP FINANCIAL ASSISTANCE

This application must be completed in its entirety.

PLEASE PRINT

Please attach a copy of your most recent 1040, 1040-A or EZ tax form.

Mail all information to American Diabetes Association, 10820 Sunset Office Drive, Suite 220,
St. Louis, MO 63127.

NAME OF CAMPER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE _____

DATE DIAGNOSED _____ DATE OF BIRTH _____

NUMBER OF YEARS CHILD HAS ATTENDED CAMP: _____

FATHER'S NAME: _____

ADDRESS (if different) _____

CITY: _____ STATE: _____ ZIPCODE _____

PLACE OF EMPLOYMENT: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

MOTHER'S NAME: _____

ADDRESS (if different) _____

CITY: _____ STATE: _____ ZIPCODE _____

PLACE OF EMPLOYMENT: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

TOTAL ANNUAL INCOME: FATHER: _____ MOTHER: _____

Please attach a copy of your *1040, 1040-A or EZ tax form.*

Are there any extenuating or special circumstances that you would like considered when your application is reviewed?



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OTHER DEPENDENTS IN HOUSEHOLD	RELATIONSHIP TO CAMPER	AGE	STATUS – please circle		
			Employed	Student	Other
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

NAME OF CAMP APPLIED TO: _____

ADDRESS OF CAMP: _____

CITY: _____ STATE: _____ ZIPCODE _____

DATE/SESSION OF CAMP: _____

PLEASE NOTE: This application is not a camp registration form to attend camp. This is to request financial assistance only.

HAVE YOU SUBMITTED A CAMP REGISTRATION FORM FOR THE ABOVE CAMP?

YES NO

***Note: You must be registered to apply for financial assistance.**

PREVIOUS CAMP ATTENDANCE AND SPONSORSHIP:

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

PLEASE STATE THE AMOUNT YOU ARE ABLE TO PAY TOWARDS THE CAMP REGISTRATION FEE:

\$ _____

BALANCE DUE ON CAMP FEE: \$ _____

I (MY CHILD) WOULD LIKE TO ATTEND CAMP BECAUSE: (Use reverse if needed)

ARE YOU/YOUR CHILD A MEMBER OF THE AMERICAN DIABETES ASSOCIATION?

____ YES ____ NO

If NO, would you like to receive membership information? _____

You will be notified by the American Diabetes Association if you qualify for total or partial financial assistance. Please submit your camp application to the camp with a notation that you have applied to the American Diabetes Association (ADA) for aid. We will advise you and the camp of the financial aid decision.



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If your child will be riding the Van....

A van will be available on **Sunday, July 26, 2009** to take your child to Camp EDI from the Metrolink parking lot on Rosedale, between Delmar and Skinker. **Please have your child on the van no later than 8:15 a.m.** A medical staff person will check your camper in and will collect all paperwork and medication.

On **Sunday, August 2, 2009** a van will be available to return the campers. **The van will arrive at the Metrolink parking lot on Rosedale at approximately 11:00 a.m.** Please do not be late – it is very stressful for the last child waiting for a ride home.

Mini campers must have their own transportation to camp on Wednesday, July 29, 2009; van transportation will be available from camp on Sunday, August 2, 2009.



Camp Check-in / Check-out:

July 26, 2009	9:00 – 11:00 a.m.	Check-in for Full Session
July 29, 2009	9:00 – 10:30 a.m.	Check-in Mini Session
August 2, 2009	9:30 – 11:00 a.m.	Product Fair
August 2, 2009	10:30 – 11:30 a.m.	All camp check-out



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Van Transportation Application

A bus will be available to take your child to and from camp.

Camper's Name: _____

____ Yes, Van transportation needed to camp on July 26, 2009 (full session)

____ No, Van transportation not needed to camp on July 26, 2009 (full session)

____ Yes, Van transportation needed from camp on August 2, 2009 (full-session)

____ No, Van transportation not needed from camp on August 2, 2009 (full session)

____ Yes, Van transportation needed from camp on August 2, 2009 (mini-session)



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Camper Name _____

Camp Payment Options

Camp families agree that the benefits of quality diabetes camp programs far outweigh the expense of a safe camping experience. All year long, the American Diabetes Association (ADA) raises money to both provide financial aid for families in need, and to pay for the camp expenses not covered by registration fees. We ask you to do your part by honoring our **requirement that camp fees must be paid in full by June 15, 2009.**

FEES:

Camp fees:	8 Day Full Session	5 Day Mini Session	CIT Program
	\$650	\$350	\$650

CHECK ONE:

- Enclosed is a check for \$_____ *I would like to pay in full.*
- Enclosed is my completed financial aid form.
If I am not eligible for a full campership, I plan to pay for the difference by: (please check one)
 - _____ monthly payments by cash or money order
 - _____ monthly payments by check
 - _____ please charge the difference to my credit card (information below)
 - _____ I will be seeking financial support from my community/ a sponsor

- Enclosed is a check for \$_____ *I would like to use the payment plan.*

Please note: In an effort to keep the payments manageable, the payment plan begins in March. *(turn over for payment plan)*

Please make checks payable to American Diabetes Association.

Please print the child's name & camp name in note section of check

- I have a sponsor who will pay my fee.*
 (Enclose Fee, give name and complete address of sponsor)
 Sponsoring Organization _____
 Contact Name _____ Amount \$ _____
 Phone _____ Date sponsorship will be received _____
 Address _____
 City _____ State _____ Zip _____

- Please charge my:* MC VISA American Express Discover *(circle one)*

Account # _____ Exp. Date _____

Name on Card _____

Signature _____

Address of card holder: _____

_____ Please check if you would like your credit card charged automatically each month for the payment plan. Charges will appear on the 15th of each month.

NOTE: The \$35.00 registration deposit is applied toward the full camp fee. Cancellations are subject to a non-refundable \$35.00 deposit fee.



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How Does the Payment Plan Work?

In an effort to keep the payment plan manageable and to have the full camper fee paid by June 15, 2009, the payment plan begins in March. We suggest that you make your first payment in March, to ease the financial burden. If your child is not placed in camp, your money will be refunded.

For Campers Attending the Full Session: \$650

\$35 – deposit paid with camp registration
\$153.75 – March payment
\$153.75 – April payment
\$153.75 – May payment
\$153.75 – June payment (due by 6/15/09)
Total = \$650

For Campers Attending the Mini-Sessions: \$350

\$35 – deposit paid with camp registration
\$78.75 – March payment
\$78.75 – April payment
\$78.75 – May payment
\$78.75 – June payment (due by 6/15/09)
Total = \$350

If you are attending the full session and qualify for financial assistance toward 40% of the camp fee, your payment plan would look like this:

\$35 – deposit paid with camp registration
\$246 – campership
\$92.25 – March payment
\$92.25 – April payment
\$92.25 – May payment
\$92.25 – June payment (due by 6/15/09)
Total = \$650

(Please note, making a payment in March will not affect the percentage of financial aid for which you qualify. Financial aid is determined by the federal poverty guidelines.)



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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 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



ADA Diabetes Camp Application –2009
**American Diabetes Association Camp EDI-
Counselor in Training Program**



Dear Potential CIT applicant:

Thank you for your interest in being an American Diabetes Association Camp EDI Counselor in Training. On the following pages, you will find information and material regarding the application process. Feel free to contact our office if you have questions.

American Diabetes Association Camp EDI serves children that have diabetes and come from a variety of social, economic, and educational backgrounds. The goal of camp is to provide a wholesome recreational and educational experience that educates participants in diabetes management.

We seek motivated individuals, ages 16 & 17, with excellent communication skills. Interested applicants must have a sincere interest in becoming an American Diabetes Association EDI counselor at the age of 18.

CITs will participate in a program that focuses on leadership development and counseling training. The CIT program seeks to provide an experience that will enhance one's self-image, improve one's awareness of the natural world, and encourage a sincere appreciation of diversity among individuals. Being a CIT at the American Diabetes Association Camp EDI is a challenging experience that requires high levels of commitment, integrity, stamina, and concern for others. Flexibility, leadership ability, and a sense of humor are vital components of success as a CIT. Finally, CITs are expected to be positive role models and leaders within the community.

Interested CIT applicants must complete the following steps in order to be considered for the program:

- Complete and return the CIT application.
- Contact your endocrinologist and ask her/him to complete the CIT reference form for physicians. The form may be faxed to the American Diabetes Association office at 314-822-5479.
- List references on your application that are non-relatives such as a teacher, coach, clergy member, or work supervisor. Contact the references that you listed and let them know that a reference letter form is being sent to them. Encourage the reference to complete the form promptly and return it to the ADA office. Acceptance is dependant on the completion of the reference forms.
- Remember, CIT applicants must also be registered as an American Diabetes Association Camp EDI camper.
- Applicants are required to complete an interview with the CIT Director and participate in a CIT pre-camp training. Interview and training TBD.
- Applicants will receive a call from the CIT Director regarding approval or denial.

Cathy Hartmann
American Diabetes Association
10820 Sunset Office Drive, Suite 220
St. Louis, MO 63127
Phone: (314) 822-5490 ext. 6823

Email: chartmann@diabetes.org



ADA Diabetes Camp Application –2009
American Diabetes Association
2009 Camp EDI Counselor In Training Application

Please print or type

Follow the specific directions for each section or page. If not specified, please complete.

Date of Application: _____

Please check one: _____ **Returning CIT** _____ **New CIT Applicant**

T-shirt size:	<input type="checkbox"/> small	<input type="checkbox"/> medium	<input type="checkbox"/> large	<input type="checkbox"/> x-large
---------------	--------------------------------	---------------------------------	--------------------------------	----------------------------------

Name: _____

Permanent Address: _____

Daytime Phone Number: (_____) _____ Home Phone Number: (_____) _____

Email Address: _____ **Cell Phone:** (_____) _____

EDUCATION BACKGROUND:

High School: _____ Year in School: _____

Expected Graduation Date: _____

Do you have any physical or mental disabilities that might prevent you from keeping an active pace for up to 14 hours per day, 7 days a week? _____ YES _____ NO

If YES, do you have specific suggestions as to how we could accommodate your mental or physical disability? _____ NO _____ YES
 Describe: _____

Employment Experience: Place an X in front of any employer you do not want contacted.

Dates			
Employer			
Address			
Supervisor			
Phone #			
Position Held			
Reason For Leaving			

Dates			
Employer			
Address			
Supervisor			
Phone #			
Position Held			
Reason For Leaving			



ADA Diabetes Camp Application –2009



Relevant Camp, Volunteer, or Child Care Experience

Dates				
Camp or Organization				
Supervisor				
Address				
Phone				
Position Held				

References (Give names/addresses of 3 persons not related to you who have knowledge of your character, experience, and ability.)

Name				
Address				
Day Time Phone (include area code)				

1. Please list a few reasons for your interest in being a Camp EDI CIT.

2. Please name three or more things that you hope to gain from being involved in the CIT program?

3. What aspects of this program do you anticipate enjoying the most? The least?

4. What are your hobbies and interests? What do you like to do on a rainy day?

5. Please write the name of a person whom you personally know. You should consider this person to be a role model for you:

Please answer the following questions regarding your role model:

- What is your relationship to this person?

- Please name a few of your role model's abilities or skills.

- Do you have any of the same qualities as your role model? If so, what are they?

- Do you possess the ability or potential to be a role model to others?

Age of Campers with whom you would prefer to work: _____

List and attach copies of current certification, licensure, or training (standard first aid, CPR, emergency water safety, lifeguard training, etc.) you hold that you believe would be useful to you in the position for which you are applying.



ADA Diabetes Camp Application –2009



Rate Your Knowledge: 1 = none 2 = some 3 = well versed 4 = consultant to others

- | | | |
|---|--|--|
| <input type="checkbox"/> ADA Exchange System | <input type="checkbox"/> Exercise | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Insulin Pump(s) |
| <input type="checkbox"/> Blood Testing | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Ketoacidosis |
| <input type="checkbox"/> Carbohydrate Counting | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Dealing with Peer Pressure | <input type="checkbox"/> Injections | <input type="checkbox"/> Sick Day Care |
| <input type="checkbox"/> Diabetes Complications | <input type="checkbox"/> Injection Site Rotation | <input type="checkbox"/> Weight Management |

The statements made in this application are true, complete, and correct. I understand that my misrepresentation or omission of information shall be considered sufficient reason for withdrawal from the CIT program.

Signature of Candidate: _____

Date: _____

I understand the nature and responsibilities of the CIT program. I give permission for my child to participate.

Signature of Parent/Guardian: _____

Date: _____

Note: Applicants are screened without regard to age, race, color, creed, sex, national origin, or disability.



ADA Diabetes Camp Application –2009



Your patient, _____, has applied to be a Counselor in Training (CIT) for American Diabetes Association Camp ED. Camp EDI is an educational camping program sponsored by the Gateway Area of the American Diabetes Association.

At Camp EDI, 16 and 17 year old CITs participate in a training program that helps prepare them to be counselors for future Camp EDI sessions. Your patient’s ability to participate in the CIT program is partially contingent upon your assessment of her/his abilities regarding diabetes management and, more specifically, the candidate’s ability to role model positive behavior to younger and highly impressionable campers with diabetes. Therefore, we ask that you complete the following information regarding the applicant.

PLEASE RANK YOUR PATIENT’S PERSONAL DIAEBTES MANAGEMENT SKILLS IN THE FOLLOWING CATEGORIES BY PLACING A CHECK-MARK IN THE APPROPRIATE BOX. (Please note: Less than ideal personal diabetes management will not necessarily disqualify applicants):

Physician’s Signature: _____

	Very Poor	Poor	Moderate	Good	Excellent	Unable to Judge
Patient understands the importance of checking blood sugars.						
Patient checks blood sugars regularly.						
Patient understands the importance of carbohydrate counting.						
Patient counts carbohydrates.						
Patient recognizes and treats low blood sugars appropriately.						

Fax form to: Cathy Hartmannn - 314-822-5479



ADA Diabetes Camp Application –2009



Dear Parent/Guardian,

Your daughter will have an opportunity to participate in a medical class focused on sexuality, pregnancy and diabetes.

We believe that this is very important for young ladies this age.

This medical class will be provided only for female campers age 16 and older.

A physician in Obstetrics and Gynecology at Washington University School of Medicine will give the presentation. In order for your daughter to participate in this session the form below must be completed. If you do not wish for your daughter to participate in this session, she will be given another activity during that time.

Sincerely,
Dr. Abby Hollander
Medical Director

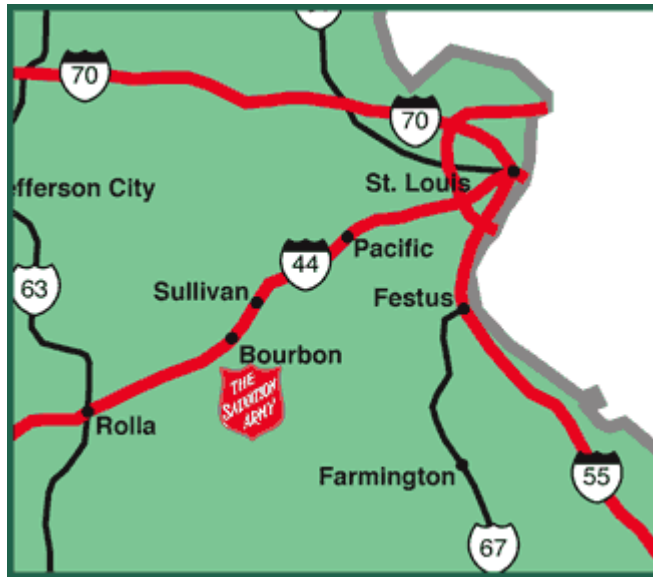
I give my daughter permission to attend a medical class at Camp EDI on sexuality, pregnancy and diabetes. A physician in Obstetrics and Gynecology at Washington University School of Medicine will give this presentation. In order for your daughter to participate in this session this form must be completed.

Camper's Name _____

Signature of Parent/Guardian _____



ADA Diabetes Camp Application –2009



Directions

Directions to Camp Mihaska

From St. Louis (approx. 70 miles) Travel I-44 West to Exit #218 (Bourbon) and turn LEFT. Follow the Local Directions below.

From Springfield (150 miles)/Rolla (35 miles) Travel I-44 East to Exit #218 (Bourbon) and turn RIGHT. Follow the Local Directions below.

From Columbia (125 miles)/Jefferson City (90 miles) Travel US 63 South to Vichy. Just north of Vichy, bear LEFT onto SR 68 to St. James. In St. James take I-44 East toward ST. Louis. Travel I-44 East to Exit #218 (Bourbon) and turn RIGHT.

From Farmington (approx. 55 miles) Travel SR 32 West and merge with US 67 North to Leadington. Just south of Leadington bear LEFT onto US 67 Business. Continue north on US 67 Business to SR 8 near Flat River. Turn LEFT onto SR 8 West to Potosi. In Potosi SR 8 merges into SR 185 West. Continue west on SR 185 to the intersection of HWY "N". Turn LEFT on HWY "N" and travel west until the road widens. Camp Mihaska will be on your LEFT within one mile.

LOCAL DIRECTIONS Come through the town of Bourbon on Pine Street (HWY "N") until reaching the second stop sign. Turn RIGHT on HWY "N" and travel approximately 2 miles. Camp Mihaska will be on your RIGHT just after the road widens. WELCOME.

The Salvation Army

Camp Mihaska

1466 Hwy N

Bourbon, MO 65441

Office: **573-732-5239**

FAX: **573-732-5027**