



## ADA Diabetes Camp Application –2009



### **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: **American Diabetes Association**  
**Attn: Camp 2009**  
**1730 Minor Ave, Suite 920**  
**Seattle, WA 98101**



# 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 **Camp Sealth** 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 (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: **American Diabetes Association**  
**Attn: Camp 2009**  
**1730 Minor Ave, Suite 920**  
**Seattle, WA 98101**



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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**  
**Attn: Camp 2009**  
**1730 Minor Ave, Suite 920**  
**Seattle, WA 98101**

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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6. Please list any specific recommendations that would be helpful in the care of your patient for the Camp medical staff.
7. Are there any reasons that you feel your patient should not participate in the American Diabetes Association summer Camp program?  Yes  No  
If yes, please explain.
8. Would you be willing to be contacted, if necessary, by telephone during Camp should a problem arise?  
 Yes  No (This will only be done if absolutely necessary.)

If yes, please include your answering service or home telephone number with area code below.

Phone Number: (\_\_\_\_\_)\_\_\_\_\_

During your patient's stay at Camp, he/she will be monitored as closely as conditions permit. No alterations in management will be made without due consideration by the medical staff. The medical staff consists of experienced medical, family practice, and pediatric residents, nurses and dietitians, under the direct medical supervision of an attending physician.

.....  
\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City

State

Zip

Thank you for your cooperation. If you have any questions or comments, please feel free to call **Alyssa Olsen at (206) 282-4616 ext. 7202.**



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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  
Initials given to each camper.

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

\_\_\_\_\_ 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 Info: Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

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

Return to: **American Diabetes Association, Attn: Camp 2009, 1730 Minor Ave, Suite 920 Seattle, WA 98101**



## ADA Diabetes Camp Application –2009



### 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: **American Diabetes Association**  
**Attn: Camp 2009**  
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## ADA Diabetes Camp Application –2009



### 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

Envias esta forma a: **American Diabetes Association**  
**Attn: Camp 2009**  
**1730 Minor Ave, Suite 920**  
**Seattle, WA 98101**



## ADA Diabetes Camp Application –2009



### Camp Fire Release

My child (or ward) has permission to participate in Camp Fire activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that Camp Fire activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants, and authorize the Camp Fire to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transportation necessary for that care. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize Camp Fire to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in activities, and willing and able to abide by Camp Fire policies and follow directions of Camp Fire personnel. I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form, and will provide (on the first day of camp) updated health information on the form provided by Camp Fire USA. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet.

In the event that my child(or ward) is photographed, filmed or recorded while attending Camp Sealth, Camp Fire USA or other partnering organizations approved by Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes.

(Optional: If you **do not want** your child's photograph used for promotional purposes, initial here: \_\_\_\_\_)

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

Return to: **American Diabetes Association**  
**Attn: Camp 2009**  
**1730 Minor Ave, Suite 920**  
**Seattle, WA 98101**



## ADA Diabetes Camp Application –2009



### 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 **June 1, 2009**.

**Deadline to Return:** **July 1, 2009**

**Return To: American Diabetes Association**

**Attn: Camp 2009**

**1730 Minor Ave, Suite 920**

**Seattle, WA 98101**

#### **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	
<b>Correction Factor used for blood sugars above what mg/dl?</b> Example: bs >150	
<b>Insulin Correction Dose:</b> 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	
<b>Correction Factor used for blood sugars above what mg/dl?</b> Example: bs >150	
<b>Insulin Correction Dose:</b> Units given per mg/dl of blood sugar? Example: 1 unit Humalog for every 50 points	
<b>Total Daily Carbohydrates</b>	



# ADA Diabetes Camp Application –2009



## INFORMATION SPECIFIC TO CAMP ACTIVITIES

### SWIMMING LEVEL:

- Does not know how to swim
- Swims at a beginner level
- Cannot swim or dive due to medical condition
- Swims at an intermediate or advanced level

### For Campers in Horse Programs ONLY:

How many years has the camper been riding?

- 0-1
- 2-3
- 4-5
- 6 or more

### TRANSPORTATION

My child's transportation both **TO** and **FROM** camp will be

#### TO

- "Goodtime" (*Fisherman's Terminal, Seattle*)
- Tacoma (*Pt. Defiance Ferry Terminal*)
- Other \_\_\_\_\_

#### FROM

- Goodtime/Seattle
- Tacoma/Pt. Defiance
- Other \_\_\_\_\_

The camper's riding experience has primarily been (check all that apply):

- At Camp Sealth
- At another horse camp
- Private Lessons
- Trail Rides
- Pony Rides
- Other \_\_\_\_\_

If the camper has ridden at Sealth in the past, what is the last riding level completed?

- Range Riders
- Rodeo Riders
- Pony Express
- Gauchos
- Masters of Horsemanship

### ENROLLMENT

(If you do not receive confirmation within 3 weeks, please call our office at 206 282 4616 ext.7202)

	<u>Session</u>	<u>Program</u>	<u>Fee</u>
1 <sup>st</sup> Choice	_____	_____	_____
2 <sup>nd</sup> Choice	_____	_____	_____
3 <sup>rd</sup> Choice	_____	_____	_____

- If first choice is full, place my child on wait list.

### CABIN-MATES (OPTIONAL)

Choose 1 or 2 friends eligible (age, gender, etc.) for the same program. Campers with diabetes may bunk with campers who do not have diabetes. Please indicate if cabin-mate preference does or does not have diabetes.

**Mail registrations together. Please do not group more than 3 buddies together.**

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



# ADA Diabetes Camp Application –2009



## EXPLANATION OF COSTS/DUES

**PROGRAMS:** Each program and session is priced separately - see camp flier for details on pricing.

**MEMBERSHIP:** If you are sending more than one child to camp, please contact Camp Fire regarding discounted membership dues for the child *without* diabetes.

**NON-REFUNDABLE DEPOSIT:** Early Bird Registration for registrations and deposits received prior to April 1, 2009 is \$30. Registrations received after April 1<sup>st</sup> deadline will require a deposit of \$55.

## PAYMENT INFORMATION

Program Fee: \$ \_\_\_\_\_

+

Non-Refundable Deposit: \$ \_\_\_\_\_

=

Sub-Total: \$ \_\_\_\_\_

Payment Enclosed (min. deposit due): \$ \_\_\_\_\_

**REMAINING BALANCE DUE BEFORE July 10, 2009 : \$ \_\_\_\_\_**

## CHECK ALL THAT APPLY:

- Charge the balance due to my credit card the week of July 6th, 2009 (card info below)
- Tax-deductible Campership donation of \$ \_\_\_\_\_ enclosed.  
*Thank you for helping to send a deserving camper with diabetes to camp!*
- Check/Money Order \$ \_\_\_\_\_ (made payable to American Diabetes Association)
- Charge now \$ \_\_\_\_\_ to my: American Express/Master Card/Visa/Discover (circle one)

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature of Credit Card Holder \_\_\_\_\_

## CAMPERSHIP APPLICATION (financial aid)

- I am requesting financial aid

\$ \_\_\_\_\_ deposit & Campership Application **enclosed**.

**PLEASE NOTE: All Campers, regardless of financial aid status, are required to pay the minimum deposit. Contact the Camp Registrar at 206 282 4616 ext. 7202, if paying this amount will be a hardship to you.**



## ADA Diabetes Camp Application –2009



### CAMP REFUND POLICY

- Written notification of cancellation is required; please send your notice to:  
American Diabetes Association  
Attn: Camp 2009  
1730 Minor Avenue, Suite 920  
Seattle, WA 98101
- Camp Fire USA reserves the right to cancel any program with as much notice as possible. You will receive a full refund if we cannot place your child in another program.

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

### Camper Cancellation Policy:

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

### Opening Day:

- Camper not showing on opening day.  
No Refund of Camp Fee or non-refundable deposit
- Camper not showing on opening day who received ADA Financial Aid.  
No Refund of Camp Fee or non-refundable deposit and not allowed to attend Camp 2010.



## 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

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

No Refund of Camp Fee or non-refundable deposit