

FCYD Camp UTADA S.2020 – TEEN LEADERS (≤17)

FOUNDATION for CHILDREN and YOUTH with DIABETES – Utah's Accredited Diabetes Camps

RETURN REGISTRATIONS TO: FCYD STAFF • 1995 w 9000 s • West Jordan, UT 84088

**REGISTRATIONS MAY BE LIMITED DUE TO COVID RESTRICTIONS
SO, RETURN FORMS NOW. LIST YOUR SESSIONS IN ORDER OF PREFERENCE.**

EMAIL to: FCYDCamp@gmail.com HAND DELIVER: 1995 W 9000 S, W.Jordan UT 84088, USPS mail might not make it.

TEEN LEADER REGISTRATION – Recommended Due Date, ONE WEEK B4 CAMP.

This registration is for TEEN LEADERS – Grades 8-11, 17 years old and under (finishing grade).
Experienced Seventh Graders may register – call Camp Director at number below for this exemption.
Attend any combination of 1 to 5 sessions

NEW FEE STRUCTURE THIS YEAR:

Early Registration discount (does not apply this year)

\$150 regular camp fee for teen leaders, any combination of 1 to 5 sessions. All fees due 2 weeks B4 camp.
\$150 early registration: 1) your forms & 2) the camp fee is paid in full by May 25 or 1 weeks before your 1st session.
volunteer credit from last year can be applied – call dave o to verify if you have credit coming.
camperships (sponsorships) are available, minimum \$40 deposit is required to register.

REGISTRATION INSTRUCTIONS: THIS 8 PAGE REGISTRATION IS FOR TEEN LEADERS & STAFF 17 and under.

LATE REGISTRATIONS are accepted – call Dave O at the number below, to RESERVE YOUR SPOT.

Please DO NOT PRINT double sided. RETURN all **9 forms**. KEEP THIS PAGE for your records.

BUDDIES, COUSINS, SIBS can attend any session, separate registration form and fees apply.

WINTER CAMP ACTIVITIES:

First Timer lessons are FREE for teen leaders and staff – you will be staffing the first timer campers (not instructing).
Skiing and snowboarding lift tickets and rental gear are extra cost items.
Non-skiers/boarders will have In Camp Activities and Winter Field Trips.

VOLUNTEER – FAMILIES, PARENTS, SIBLINGS – we need your help !

Transportation, skiing, snowboarding, snowshoeing, snowmobile, food service staff and dishwashers.

Volunteers must have had a past camper enrollment – exceptions will be considered by the camp director.

IF OVER 17, FILL OUT A STAFF REGISTRATION. 13-17 (8-11 grade), FILL OUT this TEEN LEADER REGISTRATION.

CAMP SESSIONS:	Teen Leadership Wk 0	SESSION 1	DAY CAMP A	SESSION 2	DAY CAMP B	FAMILY CAMP
Circle your Camp(s) AND KEEP THIS PAGE	Camper grade 8-12 Jun 14 - 19 sun 9 am – fri 5 pm	Camper grade 2-7 July 18 - 23 sat 8 am - thu 6 pm	Camper grade 1-4 July 26 - 29 8 am – 5 pm	Camper grade 2-7 Aug 1 - 6 sat 8 am – thu 6 pm	Camper grade 1-4 Aug 9 - 12 8 am – 5 pm	Camper age 0 – grade 6 September 2020
circle sessions above. keep this form for your records. enter amount paid: _____						

5 SESSIONS OF SUMMER CAMP will be held at Scout Camp Kiesel, East of Ogden and Pineview Reservoir, about 75 minutes from Salt Lake City, or at the Camp Office, West Jordan. Scout Camp Kiesel has 12 cabins, nice showers and restroom, lodge for dining and activities, a campfire area, a fishing pond, archery range. We plan on 50 to 70 campers and 30 to 50 staff each session. The Day Camps will be held at the camp office in West Jordan, (address above). The staff includes counselors, program and administrative staff and medical staff, including doctors, nurses, dietitians and a camp therapist. Counselors have diabetes themselves, are involved in the health care field, are friends of camp or may be jr. counselors from our Teen Leader Program. Family Camp info is TBA.

TEEN LEADER - FEES and CAMPERSHIPS/SPONSORSHIPS: (refunds are not given if you cancel after 1 week before camp begins.)

EARLY REGISTRATION FEES APPLY IF: 1) your full camp fee is paid and 2) all your registration forms are turned in by May 25 or 1 weeks before your first camp session. CAMPERSHIPS (sponsorships) are available for anyone, to help with camp fees, winter lift passes, lessons, rentals. See registration form.

WINTER CAMP INFO: LIFT PASSES, LESSONS and EQUIPMENT RENTAL are additional cost items. The Brighton regular prices below are 2018-2019 rates.

Our estimated lift pass and lesson rates are about half off (subject to change) and may be less, or more depending on 2018-2019 pricing, sponsor donations, and more. EQUIPMENT RENTAL info will come in your final packet and is usually half off. Last year we used REI.

Adult Lift Pass, 14 and older is \$45 (regular \$89)	First timer Ski/Snowboard Lessons & lift pass, 4-12 are \$30 (regular \$65 + \$0)
Youth Lift Pass, 11-13 is \$25 (regular \$55)	First timer Ski/Snowboard Lessons & lift pass, 13 and older are \$50 (reg. \$55 + \$48)
Kid lift pass, 10 and under is \$0 (free!) (2018-19 pricing)	First timer Teen Leader & Staff Lessons are \$0 (you must buy Lift Pass & ski with kids)

CAMP SIGN UP PROCESS: A 3 part process: 1) Registrations sent out 2) Registrations due 3) Final Info Packet sent out by email
4 wks B4 camp Registration forms are sent out by email and are available on line within a week
2 weeks before camp Registration forms and all fees are due at the office – (latest recommended due date 2 weeks before camp)
1 week before camp Final information packets will be emailed – with list of items to bring, check-in times, map & insulin log. Very, very late fee may apply.

411: Dave Okubo, Camp Director, 801 566-6913 voice message, no text, FCYD Camp UTADA, 1995 W 9000 S, W.Jordan UT 84088

<p align="center">FCYD Camp UTADA – SUMMER 2019 – page 1 of 6 – TEEN LEADER</p> <p align="center">FCYD Camp UTADA 1995 w 9000 s West Jordan, UT 84088</p>		
<p align="center">fill out, sign & return all 5 forms with your full payment or deposit to the address above.</p> <p align="center">recommended due date: May 25 – late registration? call Dave O, Camp Director, 801 566-6913</p>		

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office use:
date
ck cc csh
fee \$
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forms
g-mail
dbase

last name	first name		t-shirt size (circle)	mens small	mens medium	mens large	mens XL	mens 2X	mens 3X
e-mail address		gender		youth XS 2-4		youth small 6-8	youth medium 10-12		youth large 14-16
cell phone	home phone		age at camp	birth date			grade completed:		
mailing address			city				st		zip
guardian full name		relation-ship	guardian cell			guardian email			
guardian 2 full name		relation-ship	guardian 2 cell			guardian 2 email			

what vehicle will you be driving to camp total # of seat belts including driver _____	vehicle color	vehicle make	vehicle model	circle: suv truck car 4x4	are you willing to transport campers and staff during camp? YES NO
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place of employment	job title or profession	if you are driving, attach a copy of your insurance. copy attached? YES NO	if you are new to camp, attach a copy of your drivers license / ID. copy attached? YES NO
are you a student ? YES NO	school name	major	graduating year

YES	NO	Do you have CELIAC DISEASE or GLUTEN INTOLERANCE ? (see also page 5)										LIST OTHER DIETARY RESTRICTIONS:																	
diabetes doctor's last name										first										diabetes doctor's phone number									
insulin	circle	Novolog		Humalog		Admelog		Apidra		Basaglar		Lantis		Toujeo		Tresiba		Vial		Pen		Cartridge		Other:					
meter	circle	Lite		One Touch Ultra		Contour		Other:																					
pump	circle	T-Slim		Animas Ping		Medtronic/Minimed:		522/722		523/723		530G		630G		670G		Other:											
site	circle	AutoSoft 90		AutoSoft 30		AutoSoft XC		VariSoft		TruSteel		Inset		Inset 90		Mio		Quick Set		Silhouette		Sure T							
sensor	circle	Libre		Dexcom G6		Dexcom G5, G4		Medtronic/Minimed Enlite		Medtronic/Minimed Guardian		Other:																	

CAMP SESSIONS:	<u>Teen Leadership 0</u>	<u>SESSION 1</u>	<u>DAY CAMP A</u>	<u>SESSION 2</u>	<u>DAY CAMP B</u>	<u>FAMILY CAMP</u>
Circle your Camp(s)	Camper grade 8-12 Jun 14 - 19 sun 9 am – fri 5 pm	Camper grade 2-7 July 18 - 23 sat 8 am - thu 6 pm	Camper grade 1-4 July 26 - 29 8 am – 5 pm	Camper grade 2-7 Aug 1 - 6 sat 8 am – thu 6 pm	Camper grade 1-4 Aug 9 - 12 8 am – 5 pm	Camper age 0 – grade 6 September 2020 TBA

Have you been to FCYD: Summer or Winter or Family Camp before ?	YES	NO	If YES, please list your first camp YEAR:	If YES, please circle your first camp session:	SUMMER	WINTER	FAMILY CAMP	DAY CAMP
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If you are new to FCYD, please
list other camp experience:

WHAT STAFF VOLUNTEER POSITIONS are you applying for?
Please list all positions and your order of preference.

COUNSELOR and STAFF CABINMATE: please list a preferred cabinmate.
We may NOT be able to honor your request due to the many choices and combinations that will occur:

ACTIVITY / PROGRAM SURVEY: if you would like to provide a special activity, teach a class or share other talents or interest, please describe here:

LIFEGUARD: are you a past or current certified lifeguard or water safety instructor ? YES NO

SKI / SNOWBOARD INSTRUCTION:				
are you willing to teach campers and staff ?	YES	NO		

SKIING/BOARDING	YES	NO	Snowboarding	FIRST TIMER	BEGINNER	INTERMEDIATE	ADVANCED
Winter Survey:	YES	NO	Skiing	never been, once a year	been a few times	been many times, years	been many, many years
circle yes/no & circle ability	YES	NO	1 ST Timer Lesson	you get to take a lesson!	flat, easy green runs, ○	most terrain, blue runs, □	any terrain, steep, black ◇

TEEN LEADER FEES: The teen leader fee is \$150 or \$150 for early registration, for any combination of the 5 sessions. (Refunds are not given if you cancel 1 wk b4 camp.) To be eligible for the early registration fee, you must be 1) paid in full and 2) ALL of you registration forms, are in by May 25 or 2 weeks before your first session. A \$50 very, very late fee may be added. A \$30 return check fee.

CIRCLE YOUR FEES: ALL FEES AND FORMS ARE DUE 2 WEEKS BEFORE YOUR FIRST SESSION OF CAMP TO BE ELIGIBLE FOR THE EARLY REGISTRATION.

\$150 Early Registration Teen Leader fee for the full summer and any combination of 5 sessions. (Register and pay by May 25 or 1 weeks before your first session.)

\$150 Regular Teen Leader Camp fee for the full summer and any combination of 5 sessions.

\$200 Very, Very Late Camp Fee

\$300 Our true cost per camper. If you are able camp appreciates additional payment up to the true cost.

CAMPERSHIPS (Sponsorships) are available to anyone in need. A DEPOSIT IS REQUIRED (usually \$40, send less if needed.) Please fill out all 4 boxes below:			
deposit paid:	monthly family income:	number of household dependents:	\$ amount requesting:

411: Dave Okubo, Camp Director, 801 566-6913 voice message, no text. FCYD Camp UTADA 1995 W 9000 S West Jordan UT 84088

signature of staff (required)	date	print full name	page 1 of 5
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REFERENCES:

(If you have been to CAMP before as a counselor or staff, skip down to the CONSENT to PARTICIPATE box.)

Do you know someone with diabetes?	Diabetes in your family?	Relationship	Name
NAME of person from whom you heard about Camp?		affiliation/relationship	phone:

Please list below, TWO OTHER references if you have never been a Camp counselor or staff before:

Personal reference:	phone:
School reference (if a student):	phone:
-or- Professional reference:	phone:

Please list any leadership experience and/or skills;

Please list previous experience in working with or counseling children:

What are your interests in participating in Camp? (Why do you want to help at Camp?)

APPLICATION PROCESS: Applications are due on the dates listed on the front of this application. If you are chosen, you will be notified of your acceptance 2 weeks before camp. Call if you need an earlier acceptance. Late applicants will be placed on the alternate list and a second cut will be made to fill any vacancies, cancellations or non confirmed counselors.

SEND COMPLETED APPLICATIONS TO:	FCYD Camp UTADA c/o Dave Okubo 1995 West 9000 South West Jordan UT 84088	Questions? Call	Dave Okubo Camp Director 566-6913
DO NOT FAX THIS FORM			

CONSENT TO PARTICIPATE/RELEASE INFORMATION - VOLUNTARY DISCLOSURE STATEMENT/WAIVER

BACKGROUND CHECK and CONSENT TO RELEASE INFORMATION: I, hereby authorize Camp to review my past and present employment and education, and conduct a criminal history background check to ascertain any and all information which may be pertinent to my employment or volunteer qualifications. I also give permission for the camp committee to contact the references listed above and for the camp director to do a criminal background check if necessary. I, understand the information will be held highly confidential. I do hereby release all persons, organizations or government agencies, from any damages of, or resulting from, furnishing such information if the information is confidential.

CONSENT TO PARTICIPATE: The information on this form is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. I am aware that participation in skiing, tubing and other snow related activities and water activities related to power boats at camp are well supervised but may not covered by camping insurance policies. I therefore, understand the risks, and allow participation at my own risk and assume the responsibility for any activity related injuries. I am aware that Camp and the FYCD is not responsible for lost, stolen or damaged personal articles. In applying to be a counselor or staff for Camp, I agree to attend all training sessions including medical and psychosocial orientation and to be available for the entire camping session including camper check-in and check-out.

TREATMENT AUTHORIZATION: I hereby give permission to the camp physician to obtain treatment, X-rays & lab tests for my/my child's health, and in the event an above parent/guardian, spouse/emergency person cannot be reached in an emergency, give permission to the camp physician secure proper treatment for, and to order injection, to hospitalize, anesthesia and surgery for myself/my child as named above. I also give permission to share medical information with the camp directors, including David Okubo, MD, Sherrie Hardy, RD, Nate Gedge, and/or Elizabeth Elmer, all members of the board of trustees. I give consent for the Camp Physicians to regulate my/my child's diabetes as needed to maintain good health while at camp.

PHOTOGRAPHS / ADDRESSES / PHONE NUMBER / E-MAIL: I also give consent for the Foundation for Children and Youth with Diabetes (FCYD) to use pictures and/or videos taken at camp for camp publicity purposes and to list my / my child's name, address, phone number and e-mail on the camp mailing list which is given out at the end of camp. (Our list is not distributed or sold.)

******* ALL BOXES BELOW MUST BE COMPLETED AS PART OF THIS APPLICATION*******

Have you (applicant) ever been arrested for any reason? (Other than minor traffic violations) (if yes, explain)	Initial ()	YES	NO
Have you (applicant) ever been charged with/convicted of a felony? (Other than minor traffic violations) (if yes, explain)	Initial ()	YES	NO
Have you (applicant) ever been convicted of distribution or trafficking narcotics or other controlled substances? (explain)	Initial ()	YES	NO
Have you (applicant) ever been convicted of crime against a minor (including but not limited to assault, battery, sexual abuse)?	Initial ()	YES	NO
for fcyd office staff use:	today's date		
	signature of guardian of minor		
	signature of applicant		
circle sessions: 1 2 3 4 5 6 7 A B C	print full name		

RESPONSIBILITIES: FCYD Camp UTADA COVID-19 RESPONSIBILITIES**ALL VOLUNTEERS, STAFF, COUNSELORS, AND CAMPERS:**

Please review the responsibilities below so that everyone is aware of the guidelines of preventing COVID-19 transmission.

Sign and return this form with your registration papers. Additional guidelines may be implemented in response to public health recommendations. All guidelines and procedures will be review at in-camp orientation sessions.

FCYD Camp UTADA has developed and will implement Covid-19 guidelines consistent with CDC, ACA, and Utah Departments of Epidemiology and Health to minimize exposure to Coronavirus.

Question regarding FCYD Camp UTADA Covid-19 procedures will be referred to Elise Swenson, (801)718-4366 or eliseswenson1@gmail.com as the designated Covid-19 coordinator in consultation with the Camp Director and Camp Medical Director.

Prior to the Camp Session:

1. For 14 days prior to all camp sessions, campers and staff should avoid large groups and strictly practice face covering (masks) and social distancing, per current Utah Health Department Guidelines.
2. If the camper or staff member has had possible exposure to Covid-19, self-isolation for 14 days prior to the camp session is required.
3. Completion of a daily log documenting any Covid-19 symptoms including cough, fever, shortness of breath, muscle aches and pains, decrease sense of smell or taste, or sore throat. This log a must be turned in at camp check-in.
4. FCYD Camp UTADA will implement and enforce Utah's Corona Virus guidelines for all camp sessions. Camp Procedures will exceed guidelines for Covid-19.

During each camp session:

1. Face coverings (masks) should be worn when social distancing is difficult to maintain.
2. Hand sanitizer will be available at multiple locations.
3. Frequent hand washing will be encouraged.
4. Always maintain social distance (6-foot distance) during camp.
5. Monitor the appearance of any Covid-19 symptoms, including cough, fever, shortness of breath, muscle aches and pains, decrease sense of smell or taste, or sore throat.
6. Completion of a daily log prior to and during the camp session. This log must be turned in at camp check-in. The Camp Medical Staff is responsible for completing the logs at camp for each camper and staff member.
7. Cabins, common areas, equipment, and food service areas will be disinfected daily and between groups.
8. If any member of camp develops any symptom of Covid-19, the individual will be immediately placed in isolation, parent/guardian will be notified as well as local health authorities. Notification of close contacts and tracing will be done under the direction of local health authorities.

My Signature signifies: I have read and understand the Camp's Covid-19 guidelines and responsibilities, and will follow and help enforce all the above rules and policies contained in this agreement	Today's Date	
	Guardian of minor Signature	
	Applicant Signature	
circle sessions: 1 2 3 4 A B	Print Full Name	

JOB AGREEMENT/BEHAVIOR POLICIES - FCYD Camp UTADA - STAFF

Please read the following items for which you, as a counselor/staff, are responsible. THIS LIST was generated from past complaints from campers, parents, counselors, and staff. If you break any of the rules, one or all of the following will occur: 1. You will be prompted/reminded 2. You will be placed on probation 3. You will be sent home - and/or - 4. You will be restricted from other camp activities.

1. GET ENOUGH REST - Be a rested, 'happy camper'.
2. OBEY CAMP CURFEW. You can be up after curfew IF you are engaged in camp business.
3. OFF LIMITS: Staff quarters or cabins of opposite sex.
4. OBEY OFF LIMITS ("owner" must be present): Cabins, Kitchen, Pharmacy, Program, Clean-up Hdqtrs, Store.
5. DO NOT RAID THE KITCHEN.
6. NO OUTSIDE CANDY, SNACKS OR FOOD (unless approved by the camp director).
7. DO NOT LEAVE camp without notifying the Camp Director.
8. NO SMOKING in camp. Smokers must smoke alone. MINORS <=19 yrs cannot smoke
9. NO alcohol, drugs, pets.
10. YOUR VISITORS must let the camp director know IN ADVANCE & upon arrival & leaving.
11. LIMIT PHONE CALLS to 1 minute ! The PHONE is for camp business.
12. MUSIC PLAYED THRU SPEAKERS is prohibited, (except as supervised by PROGRAM staff.)
13. FEED THE CAMPERS before you feed yourself.
14. CAMPERS MUST BE ATTENDED at all times (or WITH A BUDDY).
15. CARRY EMERGENCY PACKS at all times.
16. KEEP ROMANCES at a casual level. Remember your job at camp.
17. TRY NOT TO SWEAR. NO sexual/inappropriate jokes or clothing.
18. NO PRANKS after curfew or on campers. No pranks that are unsafe or that can cause physical or psychological harm or material damage.
19. BE ON TIME for announcements, meals & snacks.
20. HAVE FUN. CHILL OUT. HAVE A POSITIVE ATTITUDE.
21. SUPPORT THE STAFF.
22. SUPPORT THE CAMP RULES.
23. BE A GOOD DIABETES EXAMPLE.

ADDITIONAL WINTER CAMP RULES

24. ALL PARTICIPANTS WILL WEAR A BANDANNA on their arm/leg while skiing/boarding. (Bandanna will be provided by FCYD Camp.)
25. CAMPERS WILL ALWAYS SKI/SNOWBOARD with a counselor or staff (teen session camper may ski/snowboard with a buddy.)
26. IF SEPARATED OR LOST while skiing/snowboarding wait at the bottom of the last ski lift or go to the lodge.

The following volunteer agreement & policies are set forth for counselors and staff of FCYD Camp by the Executive Camp Committee of the Foundation for Children and Youth with Diabetes.

1. This "EMPLOYMENT" is entirely voluntary without wages or salaries, except for jobs authorized by the executive camp committee. (Kitchen staff that are camper aged will receive credit toward their next camper session.)
2. It is the camp policy that counselor/staff will NOT accept GRATUITIES OR TIPS.
3. BENEFITS: Workmens compensation, health & unemployment insurance are not provided to volunteers.
4. TRANSPORTATION to camp, at camp & from camp will be provided by the staff/counselor at his/her expense.
 - THE USE OF PERSONAL VEHICLES or camp vehicles during the camp session must be cleared by the camp director. Personal and camp vehicles will be used to transport campers and staff only.
 - I AM AWARE OF MY DRIVING RECORD and will report the camp administrative staff or camp director if I have had my drivers license suspended or revoked. I will present my current drivers license at check-in.
 - DRIVERS of any vehicle will enforce the use of seat belts. Drivers with diabetes should realize that hypoglycemia while driving is a known risk. Blood sugar should be checked prior to driving.
 - ON ALL VEHICLES the following should be maintained in good condition: lighting, exhaust, brake, cooling lubricating systems, emergency flashers, windshield wipers, transmission, tires, steering, suspension, horn.
 - DURING REFUELING, of a vehicle the driver should check the following: head lights, brake lights, tires, brakes, horn, oil level, coolant level, emergency flashers, windshield wipers and seat belts.
5. PARTICIPATION is required of staff and counselors for the entire camping session including orientation sessions, check-in and check-out. Exceptions include part time or special program staff or guest speakers.
6. DURING THE CAMP SESSION: STAFF, COUNSELORS & CAMPERS may not leave the camp site for personal or any other reason without the approval of the camp director, or in his absence, administrative director.
7. A JOB DESCRIPTION, which is available to counselors and staff, has been reviewed and signed. A "Survival Manual" is also available to each counselor and staff.
8. SMOKING, DRUGS AND ALCOHOL and the use of firearms or fireworks during the camp session are prohibited. Violation of this rule will result in dismissal. (If you must smoke, smoke alone and off the camp property.)
9. CURFEW FOR COUNSELORS AND STAFF will be designated. Violation will result in probation and/or dismissal.
10. STEREOS or radios with speakers are prohibited. Personal items of value are the responsibility of the counselor or staff and may be deposited with the camp director for safe keeping if desired.
11. THE GROUND RULES of Camp Red Cliffe, Camp Kiesel and Camp Wapiti are applicable. ANIMALS are not allowed.
12. ANY CONDITIONS WARRANTING DISMISSAL or resignation will be effective immediately, be detailed in writing, given to camp director.
13. EMERGENCY LEAVE may be granted by the camp director & will be detailed in writing.
14. SICK LEAVE may be granted by the camp medical director and will be detailed in the medical log.
15. CONSENT TO PARTICIPATE (green form) has been completed, signed with the enclosed registration packet.
16. A MEDICAL INFORMATION FORM outlining any medical problems, has been completed, signed and returned with the enclosed registration packet. It is recommended that a health history and examination be performed within the past 5 years. The costs of all hospital and medical care not provided by the camp medical staff at camp will be the responsibility of the individual counselor or staff.

MY SIGNATURE SIGNIFIES: I have read and understand, and will follow and will help enforce all of the above rules and policies contained in this contract/job agreement:	todays date	
	guardian of minor signature	
	applicant signature	
circle sessions: 1 2 3 4 5 6 7 A B C	print full name	

RESPONSIBILITIES - FCYD CAMP UTADA - COUNSELORS

ALL VOLUNTEERS: STAFF AND COUNSELORS:

please review the responsibilities below so that everyone is aware of the counselors role at camp.

Sign and return the form with your registration papers. This is obviously only a partial list.

COUNSELORS ARE RESPONSIBLE TO:

1. The Unit Physician for diabetes and medical problems and emergencies.
2. The Unit Dietitian for dietary issues.
3. The Program Director and Assistants for instructions regarding activities & program areas.
4. The Administrative Director for transportation, clean up, camp store, mail, maintenance.
5. The Camp Therapist for behavior problems.

COUNSELOR GENERAL RESPONSIBILITIES:

6. Attend all of the Mandatory Medical and Camp Orientation Sessions as assigned.
7. Participate for the entire camp session including orientation through check-out.
8. Assist with check-in gather medical/social information, help campers get gear to the cabin.
9. Assist with check-out: Help report medical and social information.
10. Assigned 6-9 campers & a co-counselor. Teen session counselors may be alone.
11. Orient campers and parents to camp rules.

COUNSELOR SPECIFIC RESPONSIBILITIES:

12. At least one counselor of the co-counselors will be with the campers at all times.
13. Be aware of all campers' locations at all times, including a head count at curfew.
14. Be on time for and listen to announcements before meals and activities.
15. Be aware of camper responsibilities.
16. Help campers to make proper meal plan choices and get substitutes choices if needed.
17. Help campers record intake on food intake records after each meal.
18. Help enforce the policy that all staff, counselors & campers stay out of the kitchen.
19. One counselor will attend daily medical rounds every other day.
20. One counselor will attend daily program meeting every other day.
21. Help test and record blood sugars.
22. Help campers record blood tests & reactions on the testing and insulin log.
23. Check syringes for proper doses or help draw insulin with younger camper if needed.
24. Administer insulin injection to younger camper if needed.
25. Always carry emergency medical kit when out of the cabin.
26. Have a positive attitude, be a good social example, no swearing,
27. Set a good diabetes example.

MY SIGNATURE SIGNIFIES: I have read and understand the counselor responsibilities, and will follow and will help enforce all of the above rules and policies contained in this contract/job agreement:	today date	
	guardian of minor signature	
	applicant signature	
circle sessions: 1 2 3 4 5 6 7 A B C	print full name	

PROFILE - FCYD Camp UTADA - CAMPER

This profile has been designed to help the counselors & staff make your camp experience more fun & successful. This confidential form will be available to the counselors/staff of camp to review prior to the arrival of the campers.

CAMPER SECTION: (this section is to be filled out by camper)

List your favorite color.	
List your favorite food.	
List your favorite animal.	
List any hobbies.	
List any sports you like to play.	
What is your favorite thing to do when you "play"?	
List something special about yourself.	
What do you want to be when you grow up?	
If you HAVE BEEN to camp, what is your FAVORITE thing about camp?	
If you HAVE BEEN to camp, what is your LEAST FAVORITE thing about camp?	
If you have NOT BEEN to camp, what are you LOOKING FORWARD TO at camp?	
If you have NOT BEEN to camp, what are you NOT LOOKING FORWARD to at camp?	
If you have an E-Mail address, list it here: (visit the Camp web site www.fcydcamputada.org)	
List one or two items you would like <u>to learn</u> about at camp this year.	

PARENT SECTION: (this section is to be filled out by parent or guardian)

Is this the campers first significant time away from home? Are there any reservations about coming to camp?	
Any reservations regarding the camper's diabetes? (eg. shots, meals, etc. It is not required that campers give his/her own shots.)	
Does the camper have any nightmares, night terrors or other problems with sleep (such as enuresis) at night?	
Are there any camp activities in which you do not want the camper to participate?	
Any special needs or disabilities we should plan for? (eg. staffing, education, mobility, peer relations, medical, etc.)	
List any major changes in the family's or camper's life during the past year (move, divorce, school, etc.)	
Are there any other concerns or issues of which you or The camper would like us to be aware of?	
(For female Campers) Has the camper menstruated? If not, has she been told about it?	
List something special about your camper.	
Let us know if there is anything else we can do to make your camper's stay with us more successful.	
List one or two items you would like your camper <u>to learn</u> about at camp this year.	

THESE BOXES MUST BE DATED AND SIGNED BY CAMPER AND PARENT OR GUARDIAN ! --->	today's date	
	guardian signature	
	camper signature	
circle session(s) 1 2 3 4 5 6 7 A B C	print camper full name	

RESPONSIBILITY CONTRACT - FCYD / UTADA - CAMPER

BOTH CAMPER AND PARENTS MUST SIGN THIS FORM.

Read the following for which you, as a camper, are responsible. (Parents should read/discuss rules with campers.)

If you break any of the rules in the first box below, one or all of the following will occur:

1) You will be placed on probation, and/or 2) Your parents will be called and/or 3) You will be sent home immediately, forfeiting your camp fee and/or 4) You will be restricted from other camp activities.

1. I will talk with my counselor or unit doctor/dietitian every day.
2. I will talk with my counselors or medical staff prior to taking any insulin.
3. I will talk with my counselors or medical staff before changing any insulin dose.
4. I understand that not following an agreed upon plan may be dangerous to my health.
5. I will be in my cabin at the designated curfew time.
6. I will not hit or fight.
7. I will not be involved intimately with another person at any time.
- 8* I will not enter another person's cabin.
- 9* I will not bring candy or snacks to camp. Candy/snacks brought to camp will be confiscated & not returned.
10. I will not smoke, use alcohol or drugs.
11. I will not swear or use vulgar language at camp.
- 12.* I will follow the dress code at camp.
- 13* I will not bring to camp or use stereos or boomboxes with speakers.
14. I understand that campers cannot have visitors at camp.
15. I will not use the camp phone without permission from the camp director.
16. I will not touch another person's property AND I will not steal.
17. I will not bring firearms, fireworks, lighters, matches, knives or slingshots or animals to check-in or camp.
18. If I drive to camp, I will not use my vehicle during camp.
19. If I drive to camp I will leave all my keys with the camp director.
20. I understand that if I am sent home, my full camp fee is forfeited.

OTHER GENERAL RESPONSIBILITIES:

1. Be responsible for testing & recording blood tests 4 times a day for one week PRIOR to camp.
2. Be responsible for testing & recording blood tests 4 times a day DURING the camp session.
3. Medical rounds will be held daily to go over blood sugars, insulin doses and meal plans.
4. Doctors, dietitians, educators, counselors are available to answer questions about your diabetes management
5. Be aware of what you eat & following your meal plan. Talk with your dietitian to change your meal plan.
6. Record your food intake after each meal and snack.
7. Participate in cabin, unit and camp activities.
8. Participate in cabin, unit and camp education programs.
9. Clean up after yourself. Participate in cabin and campus clean up activities.

OTHER SPECIFIC RESPONSIBILITIES:

10. Let your counselor know where you are at all times.
11. Stay with a partner. Do not wander off alone.
12. Follow camp curfew: If you need to leave the cabin after curfew get the "POTTY PASS" from your counselor.
13. 2 campers can be out on "POTTY PASS" at a time. You can only be in the potty or infirmary.
14. Announcements are made at meals. Listen carefully so you will know the plan for the day.
15. Help your counselors and cabin to be on time.
16. The kitchen is off limits to campers, counselors and staff.
17. Respect the property of other's and respect the camp property and grounds.
18. Be aware of & obey the Camp Wapiti, Camp Redcliffe, Camp Kostopulos and Zion Ponderosa ground rules.
19. Stay within the camp boundaries.
20. No throwing rocks or sticks.
21. All meals/snacks are provided. If you are hungry or need more food, let your counselor or dietitian know.

ADDITIONAL WINTER CAMP RULES

22. I will always wear a bandanna on my leg while skiing/boarding. (Bandanna will be provided by FCYD Camp.)
23. I will always ski/snowboard with a counselor or staff (teen session camper may ski/snowboard with a buddy.)
24. If I get separated or lost while skiing/boarding I will wait at the bottom of the last ski lift or go to the lodge.

This form must be signed by both Camper/Parent/Guardian. Without this form, signed by the Camper & Parent/Guardian, you will cannot to check-in and will have to miss camp. By following these rules you will be setting a good example for your fellow campers and you will be learning more about your diabetes management.

By signing I signify that I have read, understand & will follow the rules as stated above:	today's date	
	guardian signature	
	camper signature	
circle session(s) 1 2 3 4 5 6 7 A B C	print camper full name	

MEDICAL INFORMATION / CONSENT - FCYD - CAMPER

PARENTS/GUARDIANS of campers, please complete, SIGN and return this form with your other medical, dietary & registration forms. It must be received by the DUE DATE to reserve your space at camp. PLEASE DO NOT FAX!!

camper height	camper weight	age	sex	years with diabetes
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INSULIN DOSE, INJECTIONS, TESTING (For Diabetics Only, NON-diabetics skip to MEDICAL HISTORY) 5/06

List meal, time of day, types of insulin, dose
(eg: Breakfast, 7:00 am, 6 Regular, 12 NPH)
Circle insulin type..... NOVO BRAND or LILLY
Does the camper draw and mix his/her own insulin dose?..... NO WITH HELP YES
Does the camper give his/her own injections?..... NO WITH HELP YES
Does the camper do his/her own blood testing?..... NO WITH HELP YES
Type of blood testing meter..... Please bring your meter and finger poker to camp, and label it PERMANENTLY with your name.
Describe any difficulties with diabetes control:

INSULIN PUMP INFORMATION (For Diabetics On Pumps Only)

How long have you been using your insulin pump ?
What type of pump are you using ?
What type of infusion site / tubing are you using ?
Where do you like to insert your site ? (stomach, arm, etc.)
How often do you change your pump infusion site ?
How often do you change your insulin cartridge ?
Do you need help with changing your infusion site ?
Do you use an insertion device to put in your infusion site ?
Do you use any special tape prep to secure your pump site ?
Have you had an site infection that has needed antibiotics ?
Is there any additional help you need with your pump care ?

INSULIN REACTIONS (For Diabetics Only)

List the first symptoms of hypoglycemia (insulin reaction)?
When are reactions most likely to occur? How often do minor reactions occur?
When was the last severe reaction?
When does the camper recognize symptoms & treat them?..... SELDOM OCCASIONALLY ALMOST ALWAYS
What is the camper's activity level?..... INACTIVE ACTIVE VERY ACTIVE
What type of activities and how often?
Are there any limitations on activity?

MEDICAL HISTORY (For ALL Campers) At check-in, tell the camp nurse of any exposure to a contagious illness 3 weeks prior to camp.

List any other medical problems
List any other chronic illnesses
Significant operations or injuries
Are there any limitations on activity?
Other medications and times of day taken
Medication allergies or reactions
Other allergies
List the date of the campers last Tetanus booster
Immunizations: Are all other immunizations up to date?..... NO YES
Have you received a second MMR (Measles, Mumps, Rubella) shot?..... NO YES
Has the camper been fully immunized against Hepatitis B?..... NO YES
If you claim immunization exemption and there is an epidemic as declared by the Health Department or the camp director, you may be dismissed.

Doctor Name	Doctor Phone	Dentist Name	Dentist Phone
Insurance Company		Policy Number	Group Number
1st Parent or Guardian	Home Phone	Work Phone	Cell Phone
2nd Parent or Guardian	Home Phone	Work Phone	Cell Phone
Other Emerg. Person	Home Phone	Work Phone	Cell Phone

CONSENT TO PARTICIPATE - (to be filled out by the Parent / Guardian of ALL Campers)

TREATMENT AUTHORIZATION: I hereby give permission to the camp physician to obtain treatment, X-rays & lab tests for my/my child's health, and in the event an above parent/guardian, spouse/emergency person cannot be reached in an emergency, give permission to the camp physician secure proper treatment for, and to order injection, to hospitalize, anesthesia and surgery for myself/my child as named above. I also give permission to share medical information with the camp directors, including David Okubo, MD, Sherrie Hardy, RD, Nate Gedge and/or Elizabeth Elmer, all members of the board of trustees. I give consent for the Camp Physicians to regulate my/my child's diabetes as needed to maintain good health while at camp.

PHOTOGRAPHS / ADDRESSES / PHONE NUMBER: I also give consent for the Foundation for Children and Youth with Diabetes (FCYD) to use pictures and/or videos taken at camp for camp publicity purposes and to list my / my child's name, address, phone number and e-mail on the camp mailing list which is given out at the end of camp. (Our list is not distributed or sold.)

FCYD DIABETES MANAGEMENT POLICY: Campers and their parent/guardian will have an opportunity to meet with the unit doctor, dietitian, camp nurse and pharmacist at check-in and check-out to discuss diabetes management and other medical issues. Medical rounds are held on a daily basis - with the unit doctor, dietitian, cabin counselor and/or campers - to discuss blood sugars, insulin doses and other medical issues. At that time, the camper and staff can agree upon diabetes treatment plan for the next day. (Deliberately not following the agreed upon diabetes regimen may be dangerous to the camper's health.) All campers will consult with their counselors and/or the medical staff prior to taking any insulin or changing any insulin doses. Campers will test and record blood at least 4 times a day and will be aware of what they eat, follow a meal plan and record their food intake for each meal and snack.

CONSENT TO PARTICIPATE: The information on this form is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted by myself and the camper's own physician. I am aware that participation in skiing, tubing and other snow related activities and water activities related to power boats at camp are well supervised but may not covered by FCYD camping insurance policies. I therefore understand the above policies and risks, allow participation at my own risk and assume the responsibility for any activity related injuries. Also, I am aware that the FCYD is not responsible for lost, stolen or damaged personal articles.

SIGNATURE REQUIRED of Parent or Guardian if Camper is a Minor	today's date	
	guardian signature	
	camper signature	
circle camp sessions: 1 2 3 4 5 6 7 A B C	print camper full name	

MEAL PLAN INFO - FCYD Camp UTADA - CAMPER

This form is for ALL CAMPERS, COUNSELORS, and PROFESSIONAL STUDENTS
NON DIABETICS, fill out the first TWO boxes below, sign the bottom.

NAME _____ AGE _____ HEIGHT _____ WEIGHT _____ Sex _____ School Grade _____

Circle your camp session(s): 1 2 3 4 5 6 7 A B C Today's Date _____

0. LIST HERE, any SPECIAL DIETARY RESTRICTIONS such as CELIAC
lactose intolerance, food allergies, low sodium, protein or fat:

1. Circle the meal plan system you are using: CARB COUNTING CHOICE COUNTING OTHER _____
2. Are you using a carbohydrate ratio (eg. 1 unit Humalog for 15 grams carbohydrate or carb choice)..... YES NO
3. Are you modifying your insulin based on what you are eating?..... YES NO
4. What changes would you like to make on your meal plan? _____
5. Do you need more to eat on your meal plan?..... YES NO
6. Are you getting too much to eat?..... YES NO
7. Are you currently using an insulin pump?..... YES NO
8. Are you currently using an Lantis insulin?..... YES NO
9. Have you seen a dietitian in the past year?..... YES NO

ENTER YOUR MEAL PLAN BELOW (list grams of carbohydrate or choices/exchanges)

Please fill out your current meal plan in the box below. RETURN THIS FORM WITH YOUR MEDICAL PAPERS.

- 1) List the usual times that you eat your meals and snacks in the top boxes.
- 2) Fill in the boxes with the number of "carbohydrate grams" or "choices" for each meal and food group.

list eating times----->	breakfast _____am	AM snack _____am	lunch _____am	PM snack _____pm	dinner _____pm	bed snack _____pm
average <u>GRAMS</u> carbohydrate <u>STARCH</u> : - or - average starch choices						
average <u>GRAMS</u> carbohydrate as <u>MILK</u> : - or - average milk choices						
average <u>GRAMS</u> carbohydrate as <u>FRUIT</u> : - or - average fruit choices						
meat choices						
total <u>GRAMS</u> of carbohydrate						
total <u>choices</u> of carbohydrate						

FCYD Camp UTADA - DIETARY / FOOD SERVICE POLICIES

1. A computerized individual meal plan will be developed, based on your present meal plan, 2 day food intake record & your height/weight.
2. All campers and counselors will be asked to follow a meal plan while at camp and record what they are eating.
3. Each camper & counselor will be assigned to a unit dietitian who will assist them during meals/snacks as needed.
4. The dietitian will review meal plans and intake records with the campers and counselors at check-in, at camp and at check-out.
5. All meals and snacks will be provided at designate times. Do not bring food or snacks to camp.
6. Additional foods will be available at the infirmary for those with low blood sugars. Do not go to the kitchen to treat low blood sugars.
7. Check with the dietitian during check-in to review any specific dietary concerns you might have.
8. Please alert the dietitian of any significant food dislikes or allergies during check-in or during camp.
9. There will be a copy of the camp menu available for you to review during check-in and for use during camp.

camp staff notes:	today's date	
	guardian signature	
	camper signature	
circle sessions: 1 2 3 4 5 6 7 A B C	print camper full name	