

FCYD Camp UTADA – 2023 PLAYHOUSE DIABETES - DAY CAMP

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • FCYD DAY CAMP • 1995 w 9000 s • West Jordan, UT 84088

COVID SAFETY rules will be dependent on CDC recommendations at the start of camp. **SEE page 3 attached.**

PHONE PHOTOS NOT ACCEPTED CREDIT/DEBIT CARD, NO CHECKS

EMAIL to: FCYDCamp@gmail.com DELIVER mon-wed, 10-5 or MAIL to address above

Call the camp office 801 556-4432 to make **PAYMENT**, mon-wed, 10-5 pm. **Card or Cash, no checks**

PLAYHOUSE DIABETES DAY Camps – Campers finishing grades K – 4, who are not ready for overnight.

Day campers can attend any combination from 1-4 days. Check-in and orientation are on the day before camp starts.

Age exception? Text or call Dave O 801 566-6913.

REGULAR FEE: \$20 per day **EARLY REGISTRATION FEE:** \$15 per day

(OVERNIGHT OPTION, \$20 more per night, sessions 1d, 2d, 3d only, pay in advance or you can decide after you try a few days at day camp, and pay at camp, cash only.)

Registration forms and full camp fees are due **2 weeks before** your first camp. **LATE REGISTRATIONS:** call the camp director (bottom)

DAY CAMP – 0d	DAY CAMP – 1d	DAY CAMP – 2d	DAY CAMP – 3d	FAMILY CAMP / FAMILY DAYS
Camper grade K-4	Camper grade K-4	Camper grade K-4	Camper grade K-4	Camper age 0 – grade 4
Chk-in/orientation is Jun 12, 9 am	Chk-in/orientation Jun 25, 1-5 pm	Chk-in/orientation Jul 12, 1-5 pm	Chk-in/orientation Aug 7, 1-5 pm	Aug 25-27, Aug 25, Sep 9
Jun 12, 13, 14, 15	Jun 26, 27, 28, 29	Jul 13, 14, 15, 16	Aug 8, 9, 10, 11	Camp Red Cliffe, Millcreek CC
9am - 6:30pm	8:30am - 6:30pm	8:30 am - 6:30pm	8:30am - 6:30pm	
Brighton, Millicent Lodge	Camp Red Cliffe, Ogden Valley	Camp Red Cliffe, Ogden Valley	Camp Red Cliffe, Ogden Valley	download family registration

circle your session and dates above. keep this form for your records. enter amount paid _____

SIBLINGS, COUSINS, BUDDIES can attend

DOWNLOAD: PLAYHOUSE DAY CAMPER or VOLUNTEER STAFF APPLICATION(s)

SIBLINGS, COUSINS and BUDDIES have many options. They can attend PLAYHOUSE DAY CAMP if they have finished grades K-4. If they are finishing grades 2-7 they can attend full week overnight sessions without their sibling at our regular sessions. Or for those finishing grades 7+, they can also VOLUNTEER at any session (great for school and job resumes). **DOWNLOAD CAMPER, TEEN LEADER, and/or VOLUNTEER STAFF REGISTRATION.**

VOLUNTEER – ANYONE, ANYONE?

Families, Parents, Teens, Friends, Grandparents, Aunts, Uncles.

DOWNLOAD STAFF REGISTRATION. Past camper enrollment is required.

Day help, part or full week – Full Week Sessions, Family Days, Family Camps, Playhouse Day Camps, any session.

Kitchen Staff, Medical Staff, Activity Area Staff, Lifeguards, Counselors, Teen Leaders in Training (finishing 7-12 grade).

REGISTRATION INSTRUCTIONS

DAY CAMP REGISTRATIONS are now being accepted for campers with diabetes, siblings, cousins & friends that are finishing grades K-4

Download forms • Email back or deliver, mon-wed, 10-5 to the address above • THEN call in payment 801 556-4432 after forms have been received.

PLEASE DO NOT RETURN OR SEND DOUBLE SIDED FORMS CHECKS NOT ACCEPTED

All 6 pages of the registrations and full camp fee are due 2 weeks before camp to be eligible for the Early Registration discount.

DOWNLOAD ALL PAGES • KEEP this first page for your records • READ, FILL OUT, SIGN all 6 forms.

PLAYHOUSE DIABETES DAY CAMP (download day camp registration). This year, Day Camp is held at Brighton Millicent Lodge and at Camp Red Cliffe in tandem with our regular camp sessions. Lunch, afternoon snacks and dinner are included, and you can choose any combination of the 4 days or all 4 days. There is an overnight option for \$20 more per night. All day campers should attend Check-in and orientation on the first day of day camp, which is free, even if you choose to start on the second-fifth day of camp. We plan on 20-30 day campers and 5-10 staff each session. Staff includes counselors, program/administrative staff, and medical staff: doctors, nurses, dietitians and a camp therapist. **Download day camp registration)**

ACTIVITIES, EDUCATION, NETWORKING: The days will be filled with fun activities and education workshops in a medically supervised atmosphere.

EDUCATION WORKSHOPS are designed for the campers. Basic and advanced topics will be addressed. Campers participate in activities, including: archery, crafts, camp store, games and more. There are whole camp games, carnival and more. Of special value is the sharing and **NETWORKING** and lifelong friendships that are made at camp.

DAY CAMP FEES: \$20 per day. (\$15 early registration fee, if you register, and pay the full fee of \$15 per day, two week before your camp begins. Fees include lunch, snack, dinner, and all in camp activities and workshops, 9:00 am to 6:30 pm. There is an overnight option, add \$20 per night. You can pay in advance or pay cash at camp for this option. Sponsorships are available from our Campership Fund. \$30 return check fee.

Call the camp office 801 556-4432 to make payment. If you get the voicemail, leave a message.

CAMPERSHIPS (SPONSORSHIPS): are available from our Campership Fund which are donations to FCYD Camp UTADA. **CHECK THE BOX** on your registration form. If you are applying for a campership, you must still **ENCLOSE A \$10 DEPOSIT** with your registration. You may be asked to provide a copy of your current 1040 tax form.

REGISTRATIONS ARE DUE: at the office 2 weeks before camp. Late registration – text/call 801 566-6913. Space is reserved on availability.

CAMP SIGN UP PROCESS: 3 part process – 1) download forms, 2) turn in registration and pay fees, 3) final information packets

4-8 weeks before camp REGISTRATIONS available for download.

2 weeks before camp REGISTRATIONS DUE with full camp fee. **EARLY DISCOUNT REGISTRATION IS DUE**

1 week before camp **FINAL CONFIRMATION and INFORMATION PACKETS** will be emailed to you. **LATE REGISTRATION BEGINS.**

QUESTIONS? Dave Okubo Camp Director 801 566-6913 text or voicemail

keep this COVER PAGE for your records – page 0 of 0

FCYD Camp UTADA – SUMMER 2023 – page 1 of 6 – PLAYHOUSE DAY CAMP

email to: fcycamp@gmail.com DELIVER, mon-wed, 10-5 or mail: FCYD Day Camp UTADA, 1995 w 9000 s, W Jordan UT 84088

fill out, sign & return all 6 forms with your full payment or deposit to the address above.

recommended latest due date: 2 weeks before your camp begins – late registration? Text/call Dave O, Camp Director, 801 566-6913

office use:

date
ck cc csh
fee\$
sib\$
forms
gmail dbase

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

1 st guardian full name	2 nd guardian full name
1 st guardian email	2 nd guardian email
cell phone	work phone
1 st guardian employer	2 nd guardian employer

Have you been to FCYD: Summer or Winter or Family Camp before ?	YES	NO	If YES, Please List Your first YEAR at camp:	If YES, Please Circle Your first camp session:	summer	winter	day camp	family camp
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CABINMATES: (your cabinmate must also fill out a registration forms)

1. You may choose ONE cabinmate and ONE alternate.
2. Your choices must be WITHIN 12 MONTHS of your age. This keeps same age campers in the same cabin groups. Exceptions must be approved.
3. We make every effort to accommodate all the requests. No guarantees will be made because of the many choices and combinations that will occur.
4. We may not be able to honor your request if you LIST TOO MANY CHOICES or if this form is received after the registration due date listed above.

1 st Cabinmate (list only one)	Has your cabinmate signed up for camp ? YES NO	Alternate Cabinmate choice (list only one)
	Is your cabinmate within 12 months age ? YES NO	

YES	NO	Do you have CELIAC DISEASE or GLUTEN INTOLERANCE ? (see also page 5)	List other dietary restrictions:
YES	NO	Do you have any other medical or physical limitations ?	Please give details:
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:	

← List your SCHOOL GRADE , as of this spring – and CIRCLE YOUR CAMP SESSION(S) below:				
DAY CAMP – 0d Camper grade K-4 Chk-in/orientation is Jun 12, 9am Jun 12, 13, 14, 15 9am - 6:30pm Brighton, Millicent Lodge	DAY CAMP – 1d Camper grade K-4 Chk-in/orientation Jun 25, 1-5 pm Jun 26, 27, 28, 29 8:30am - 6:30pm Camp Red Cliffe, Ogden Valley	DAY CAMP – 2d Camper grade K-4 Chk-in/orientation Jul 12, 1-5 pm Jul 13, 14, 15, 16 8:30 am - 6:30pm Camp Red Cliffe, Ogden Valley	DAY CAMP – 3d Camper grade K-4 Chk-in/orientation Aug 7, 1-5 pm Aug 8, 9, 10, 11 8:30am - 6:30pm Camp Red Cliffe, Ogden Valley	FAMILY CAMP / FAMILY DAYS Camper age 0 – grade 4 Aug 25-27, Aug 25, Sep 9 Camp Red Cliffe, Millcreek CC download family registration

DAY CAMP A, B, C, D FEES: By the day, 1 to 4 days. FULL PAYMENT is DUE NOW. For campership (sponsorship) information, see the box below.

call 801 556-4432 to pay fees after you send your forms. (Day camp fees are non-refundable in some cases.) (\$30 return check fee) (Very, very late fee, add \$50)

EARLY REGISTRATION FEES:	\$10 per day, register 2 weeks before camp. CIRCLE YOUR CAMP FEE → \$10 \$20 \$30 \$40
DAY CAMP DAYS:	CIRCLE YOUR CAMP DAYS ABOVE IN THE CAMP SESSION BOXES. (There is a free orientation the day before your day camp, info to follow)
REGULAR DAY CAMP FEES:	\$15 per day, register after 2 weeks before camp. CIRCLE YOUR CAMP FEE → \$15 \$30 \$45 \$60
DAY CAMP DAYS:	CIRCLE YOUR CAMP DAYS ABOVE IN THE CAMP SESSION BOXES. (There is a free orientation the day before your day camp, info to follow)
OVERNIGHT OPTION:	\$20 extra per night. Convert to an overnight experience for 1-4 nights – add \$20 per night – double the fun with 2 more meals, evening activities and overnight boarding for each night. Sessions 1d, 2d, 3d only CIRCLE OVERNIGHT FEE \$20 \$40 \$60 \$80.
decide at camp? CASH only.	The overnight option may be added at camp. Cash only if you pay at camp. Call Dave O if you have questions?

CAMPERSHIPS (Sponsorships) are available to anyone. **A DEPOSIT IS REQUIRED**, usually \$20. You may be asked to provide a current 1040 tax form.

The campership amount is based on total family income, the number of household dependent family members, and other special circumstances.

Please fill out all 3 spaces below, so we can determine your campership. Use the reverse side for other information or unusual circumstances.

Campership funds come from donations to our Campership fund. You may be asked to provide a copy of your current tax form.

\$ ← Enter total monthly family income before taxes, all sources	#	← Enter number of family members and household dependents	\$	← Enter \$ amount you are requesting for your campership
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REGISTRATION INSTRUCTIONS: Complete and sign all 5 forms, with the full camp fee. Recommended due date no later than 1 week before your session. Deposits are not refundable in some cases. Refunds will not be given if you cancel after 1 week before camp starts. Return check fee is \$30. Very late fee is \$40. Space is available on a first come first serve basis. Occasionally some sessions may fill, so send in your registration soon.

EMAIL to: FCYDCamp@gmail.com deliver, mon-thu, 10-5: 1995 W 9000 S, W.Jordan UT 84088, USPS mail might not make it by deadline.

SEND IN FORMS, then call the camp office 801 556-4432 to make payment, mon-thu, 10-5 pm. If you get the voicemail, leave a message.

411: Dave Okubo, Camp Director, 801 566-6913 text or voicemail. FCYD Camp UTADA 1995 W 9000 S West Jordan UT 84088

signature of parent or guardian (required)	date	camper's full name
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CONSENT TO PARTICIPATE - RELEASE OF INFORMATION

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • 1995 w 9000 s • W Jordan UT 84088

CONSENT TO PARTICIPATE

The information on this form is correct as far as I know, and the person herein described, has permission to engage in all camp activities except as noted on the medical form. I understand there are certain inherent risks in some activities, and I allow participation at my own risk and assume the responsibility for any activity related injuries. I am aware that Camp UTADA (Foundation for Children and Youth with Diabetes (FCYD) are not responsible for lost, stolen, or damaged personal articles. In registering for camp, I agree to attend all orientation sessions. As staff 18 and older, I give permission for FCYD Camp UTADA to do a background check. I have the opportunity to ask questions by texting/calling the camp director before camp or during orientation at camp.

TREATMENT AUTHORIZATION

I give permission to the camp physician to obtain treatment, X-rays, and lab tests for my/my child's health. In the event of an emergency and a listed parent/guardian or spouse/emergency person cannot be reached, I give permission to the camp physician to secure proper treatment and to order injection, hospitalization, anesthesia, and surgery on behalf of myself/my child as named above. I give permission for the Camp Medical Staff to regulate my child's diabetes as needed to maintain good health while at camp. I also give permission to share two way medical and social information with the FCYD Board of Trustees: David Okubo, MD, Nate Gedge and/or Elizabeth Elmer and with the Camp Staff and my physicians.

RELEASE OF INFORMATION

My signature below grants permission for two way medical and social information with the FCYD Board of Trustees: David Okubo, MD, Nate Gedge and/or Elizabeth Elmer and with the Camp Staff and my physicians. As a staff registrant, I give permission for two way communication with any references listed in this registration.

PHOTOGRAPHS, ADDRESSES, E-MAIL, SOCIAL MEDIA and PHONE NUMBERS

FCYD Camp UTADA does not distribute or sell information from our data base. I give permission for FCYD to use pictures and or videos taken at camp for camp publicity purposes. I give permission to use my/my child's name, address, e-mail and phone number on the camp mailing lists which are given out at the end of camp.

My signature signifies: The above is true and I have read and understand the above. I will have a chance to ask questions at orientation or before camp by texting/calling the camp director. I will help enforce all of the above rules and policies of camp.	today's date	
	signature of parent/guardian of minor	
	signature of applicant	
circle camps sessions 0 1 2 3 4 A B Family	print full name	

FCYD Camp UTADA - COVID-19 AGREEMENT and RESPONSIBILITIES

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • 1995 w 9000 s • W Jordan UT 84088

FCYD Camp UTADA will implement Covid-19 guidelines consistent with CDC, ACA, and Utah Departments of Epidemiology and Health to minimize exposure to and transmission of Coronavirus. This document is subject to change, and you will be notified of any changes 1-2 weeks before camp

Questions regarding this document should be directed to the Camp Director, Dave Okubo, 801 566-6913, text or voicemail

5/2022

All Volunteers, Staff, Counselors, And Campers:

1. Please review the responsibilities below so everyone is aware of the guidelines of preventing COVID-19 transmission at camp.
2. Sign and return this form with your registration papers.
3. Additional guidelines may be implemented OR eliminated in response to public health recommendations.
4. All guidelines and procedures will be review at in-camp orientation sessions.

PRIOR TO THE CAMP SESSION:

1. For 7-14 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 has had possible exposure to Covid-19, self-isolation for 5-7 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 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.
5. FCYD Camp UTADA strongly recommends the COVID-19 vaccination for all eligible staff, counselors, campers and family members.

MAXIMUM ENFORCEMENT GUIDELINES - DURING EACH CAMP SESSION

(subject to change dependent on current cdc guidelines):

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 and close contacts will be immediately placed in isolation, parent/guardian will be notified as well as local health authorities. Covid testing should be done and quarantine begun to all unimmunized contacts. Notification of close contacts and tracing will be done under the direction of local health authorities.

My signature signifies: The above is true and I have read and understand the above. I will have a chance to ask questions at orientation or before camp by texting/calling the camp director. I will help enforce all of the above rules and policies of camp.	Today's Date	
	Guardian of minor Signature	
	Applicant Signature	
Circle session(s) 0 1 2 3 4 A B Family	Print Full Name	

FCYD Camp UTADA – CAMPER PROFILE

This camper profile has been designed to help counselors and staff make your camp experience fun and successful.
 This confidential form is reviewed by counselors and staff before campers arrive at camp and then it is kept by the camp director.

CAMPER SECTION – to be filled out by the camper (younger campers may need help)	
List your favorite color	
List your favorite food	
List your favorite animal	
List any hobbies or collections	
List any sports you like to play	
What do you do for fun?	
What do you want to be when you grow up?	
List something special about yourself	
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 been to camp Who's job would you like at 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?	
List one or two things you like to learn about diabetes at camp	
List one or two things you like to learn about at camp (non diabetes)	

PARENT/GUARDIAN SECTION – to be filled out by the parent/guardian before camp	
Is this the campers first significant time away from home ? If so, are there any reservations about coming to camp?	
Any reservations regarding the camper's diabetes ? (shots, food, etc. It is not required that the campers give their own shot)	
Does he camper sleep problems , such as nightmares, night terrors, at night?	
Does the camper have night time enuresis (wet bed)? if so, please bring 2 sleeping bags	
Are there any camp activities that you do not want your camper to participate?	
Are there any special needs or disabilities we should plan for? (eg. staffing, education, mobility, peer relations medical, food)	
List any major changes in the family or camper's life during the past years (move, change in family structure, school, etc)	
For female campers , has the camper menstruated ? If not, please have the discussion, if needed.	
Are there any other concern or issues of which you or your camper would like us to be aware of?	
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 things you would like your camper to learn about diabetes at camp this year.	
List one or two things you would like your camper to learn about at camp this year (social, non diabetes)	

Counselor and Staff Comments:	today's date	
	parent/guardian signature	
	camper signature	
circle camp sessions 0 1 2 3 4 A B Family	print camper full name	

FCYD Camp UTADA CAMPER AGREEMENT and RESPONSIBILITIES

Both CAMPER and PARENT must sign this form. Parents/Guardians please read and discuss the rules and responsibilities with Campers. By following these rules and being aware of your responsibilities at camp, you will: have fun, make friends, be safe, be a good example and learn about yourself and your diabetes.

Campers or minor staff: if you break rules in the first section below, one or more will occur: 1. You will be prompted 2. You will be placed on probation, 3. Your parents will be called, 4. You, will be sent home immediately, forfeiting your camp fee, and/or 5. You will be restricted from other camp activities for up to 2 years.

RESPONSIBILITIES and RULES

1. I will talk with my counselors or medical staff prior to taking any insulin.
2. I will talk with my counselors or medical staff before changing any insulin dose.
3. I understand that not following the agreed upon diabetes management plan may be dangerous to my health.
4. I will not enter another person's cabin other than my own. No cabin raids. No bad pranks.
5. I will be in my cabin at the designated curfew time.
6. I will keep my hands to myself and I will not hit or fight.
7. I will not be involved intimately with another person at any time.
8. I will not bring candy or snacks to camp. If I do, I understand that they will be confiscated and not returned.
9. I will not smoke, use alcohol or drugs at camp.
10. I will not swear or use vulgar language at camp.
11. I will follow the dress code at camp.
12. I will not play music out loud while at camp.
13. I understand that campers cannot have visitors at camp.
14. I will not use the camp phone without permission of the camp director.
15. I will not touch another person's property without their permission, and I will not steal.
16. I will not bring firearms, fireworks, lighters, matches, knives, slingshots to camp.
17. I will not bring animals, pets or emotional support animals. They are not allowed by the camp sites that we rent.
18. If I drive to camp, I will not use my vehicle during the camp session and I will leave all my keys with the camp director.
19. I understand that if I am sent home, my full camp fee is forfeited.
20. I will not talk about socially sensitive issues:
race, religion, cults, tattoos, body piercing, ghost or horror stories, sexuality, dating, divorce, alcohol, drugs, smoking, swearing.

DIABETES RESPONSIBILITIES

1. I will talk with my counselor and medical staff every day.
2. I will check and record blood sugars and insulin doses 1 week prior to camp.
3. I will check and record blood sugars and insulin doses, 4 times a day, during the full camp session.
4. I will place my CGM cell phone app in airplane mode and
5. I will let my counselors know if my blood sugar is low enough to treat or higher than 200.
6. I will record my food intake during each meal and snack.
7. I will talk with my counselors about meals and snacks. If I don't like the food I can get a substitute. Firsts before seconds.
8. I will discuss my diabetes management with my counselors and camp medical staff as necessary. Medical rounds are held daily.

OTHER SPECIFIC RESPONSIBILITIES

1. Renew friendships. Make new friends. Have fun!
2. Participate in cabin, unit and whole camp activities. If I need an exemption, I will talk with my counselor.
3. Participate in cabin, unit and whole camp workshops.
4. I will help keep my gear, my cabin and my camp clean and green.
5. Let your counselor know where you are at all times.
6. Stay with a buddy or partner. Do not wander off alone.
7. Be in your cabin during power naps and after lights out. I you need to leave the cabin, get the "POTTY PASS" from your counselors.
8. 2 campers can be out on the POTTY PASS at a time. You can only be in the potty or the infirmary or on the way.
9. Announcements are made before meals. Listen carefully, so you know the plan for the day.
10. Help your counselors and cabin be on time.
11. Off limits areas include: Kitchen, Program and Administrative areas, and Infirmary. You may enter if staff is present.
12. Respect the property of others and the camp property and grounds
13. Be aware of and obey the camp site rules. We are the guests.
14. No throwing rocks or sticks. No climbing trees.
15. Stay within the camp boundaries, which will be reviewed on the walking tour of camp.

ADDITIONAL WINTER CAMP RULES and RESPONSIBILITIES

1. Wear your bandana on your leg while skiing and snowboarding. (bandanas are provided.)
2. Wear your helmet at all times while on the lift and the slopes (mandatory)
3. Ski and snowboard with a counselor or staff at all times. Teen week campers may ski with a buddy.
4. If you get separated or lost while at the ski resort, go to the bottom of the same lift you rode up and notify the resort staff that you are lost.

My signature signifies: I have read and understand the above. I will have a chance to ask questions at orientation or before camp by texting/calling the camp director. I will help enforce all of the above rules and policies of camp.	today's date	
	parent/guardian signature	
	camper signature	
Circle camp sessions 0 1 2 3 4 A B Family	print camper full name	

FCYD Camp UTADA MEDICAL and DIETARY INFORMATION

MEDICAL INFORMATION, POLICIES and PROCEDURES

- A parent/guardian of minors, will be notified of any illness or injury.
- Medical staff may be making changes to the diabetes regimen to keep the participant healthy at camp.
- Any recommendations or changes in the diabetes regimen will be discussed with parent/guardian at checkout.
- If the regimen is significantly different, your diabetes doctor may be notified.
- All medications will be collected at check-in and will be dispensed to participants under 18 by medical staff.
- All CGM cell phone apps will be placed in airplane mode, and parents are asked to disconnect their cell phone share app.
- Campers should notify counselors if CGM alerts require action.
- Counselors will monitor blood sugars and notify medical staff of any illness or blood sugars that are out of range.
- Symptomatic low blood sugars are treated with glucose tabs. Mild low blood sugars are treated with fruit snacks.
- Participants or parent/guardian will fill out a diabetes log with blood sugars, carb grams and insulin (and covid log for 7 days before camp).
- The diabetes log and updated current diabetes management plan will be discussed at check-in by the medical staff.
- Further current, updated medical history will be collected at check-in.
- Any donated supplies you receive are prescribed to you by the camp medical director and cannot be given away or traded.
- Donated supplies are prioritized to full session participants first.

Fill in the medical information in the right column below. Please write "∅" or "none" if answer is none

Diabetes doctor	full name	phone number
Primary care doctor	full name	phone number
Dentist	full name	phone number
Are all school required immunizations up to date?		
List date of last tetanus booster		
Are you current with the covid vaccine ?		
If YES list covid immunization date(s) and vaccine brand		
List any Rx medications		
List any OTC medications		
List any other medical history		
List any significant surgeries and dates		
List any allergies		
List any medical limitations or restrictions on activities		
List any other special medical needs		

DIETARY and FOOD SERVICE INFORMATION, POLICIES and PROCEDURES

- Meals are provided at 8 am, 12 noon and 6 pm. Snacks are optional at 3 pm and 9 pm. (times are approximate.)
- Do not bring additional food or snacks to camp
- A food intake record will be kept at camp by all participants.
- Further current, updated dietary history will be collected at check-in by the medical staff.
- A food intake record will be kept by all participants during the camp session.
- The food intake record will be discussed at check-out by the medical staff.

Fill in the dietary information in the right column below. Please write "∅" or "none" if answer is none

Circle any nutritional requests or limitations	Gluten/Celiac	Lactose	Food Allergies	Low Sodium
	Vegan	Vegetarian	Religious	Cultural
				None
List any details of above or food allergies				

My signature signifies: The above is true and I have read and understand the above. I will have a chance to ask questions at orientation or before camp by texting/calling the camp director. I will help enforce all of the above rules and policies of camp.	today's date	
	parent/guardian of minor signature	
	participant signature	
circle session(s) 0 1 2 3 4 A B	print full name	