

FCYD Camp UTADA – Winter 2026 – OVERNITE & DAY CAMPER

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

OVERNIGHT CAMP – grades 2-6

Overnight includes 4 days, 3 nights, all meals and snacks and activities.

DAY CAMP - grades K-6

Day Camp includes breakfast, lunch, snack, dinner and all day activities

HERE IS A MESSAGE FROM THE STAFF !

Welcome to FCYD Winter Diabetes Camp—where we are going to **REACH FOR THE STARS!** 🚀🌟 We're so excited to have you here for a fun-filled adventure packed with cool activities like ice skating, magical star gazing, and awesome space-themed crafts you can take home. This weekend is all about making new friends, trying new things, and learning while having a blast. So grab your imagination, look up to the sky, and get ready for an out-of-this-world weekend! 🌟🌌

REGISTRATION INSTRUCTIONS

PHONE THUMBNAIL PHOTOS NOT ACCEPTED

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

PAYMENT

We will reach out by Text from the **CAMP PAYMENT phone 801 556-4432** to collect your payment.

PLEASE ADD "CAMP PAYMENT PHONE" TO YOUR CONTACTS.

Credit/Debit Card, we are cashless, no checks

LOWER FEES:

EARLY REGISTRATION DISCOUNT: 1) all your forms, 2) your full camp fee is paid in full - 1 weeks before your session

OVERNITE CAMP early registration, \$90. (regular registration or very late registration \$180)

DAY CAMP early registration, \$20/day. (regular registration or very late registration, \$40/day)

CAMPERSHIPS (sponsorships) are available, minimum \$40 deposit is required to register. See registration form, page 1.

LATE REGISTRATIONS text/call 801 566-6913.

VOLUNTEER – FAMILIES, PARENTS, SIBLINGS, RELATIVES – Download & Fill out Staff forms.

transportation, program, lifeguard, archery, food service staff and dining room/dishwashers.

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

OVERNIGHT CAMPS	SESSION 0t -	SESSION 1	SESSION 1 - day camp		
Circle your Camps KEEP THIS PAGE	Camper grade 7-12 Jan 16-19 Fri 1 pm - Mon 12 pm Camp Kostopulos	Camper grade 2-6 Feb 13 - 16 Fri 6 pm - Mon noon Camp Kostopulos	Camper grade K-6 Feb 14 and/or Feb 15 8am - 7pm Camp Kostopulos		

KEEP THIS FORM for your records.

circle your session(s) and days above.

enter amount paid _____

2 SESSIONS OF WINTER CAMP will be held at Camp Kostopulos, Emigration Canyon, 20 minutes east of Downtown Salt Lake City. We plan on 20 to 40 campers and 10 to 20 staff each session. The staff includes counselors, program and administrative staff and medical staff, including doctors, nurses, dietitians and camp therapist. Counselors have diabetes themselves, are involved in the health care field, are friends of camp or may be junior counselors from our Teen Leader Program. Staff Orientation is before dinner on the first day of camp. Campers arrive after dinner followed by camper orientation and a whole camp activity. On the 2 middle days you will have "FIELD TRIPS" out of camp. The whole weekend is spent doing camp activities, field trips, outdoor winter sports and having a good time. We will be learning how to handle diabetes during vigorous winter activities while renewing friendships and making new ones.

WINTER CAMP ACTIVITIES AT CAMP MAY INCLUDE: Crafts, Field Sports, Group Games, Table Games, Whole Camp Special Activities. Other **SPECIAL ACTIVITIES** might include: Cabin Decorating, Sundown Service, Dance Party, Campfire and Skits, Talent Show, Guest Speakers, Night Games, Camp Parties, Relays, ADATU Book of Records, Relays, Tournaments, fun, fun, fun and more, more, more.

WINTER CAMP - OUT OF CAMP ACTIVITIES may include snowshoeing, tubing/sledding, ice skating, discovery children's museum and/or natural history museum.

EARLY REGISTRATION FEES: Credit/Debit card only, No Checks, We are Cashless. Refunds are not given if you cancel after 1 week before your camp.

\$90 EARLY REGISTRATION FEE (\$20 per day for day campers, saturday and/or sunday)

\$180 REGULAR FEE (\$40 per day for day campers) (\$180 VERY LATE FEE, \$270 OUR TRUE COST)

EARLY REGISTRATION FEES APPLY IF: 1) your full camp fee is paid and 2) all your registration forms are turned in by the due dates above.

CAMPERSHIPS (sponsorships) are available for anyone. A registration deposit is required. You may be asked to provide a current 1040 tax form. See registration form.

CAMPER FEES: EARLY REGISTRATION FEES APPLY ONLY IF: 1) your full camp fee is paid and 2) all your registration forms are turned in 2 weeks before your first camp session. Very, very **late** registrations may have a late fee of \$50 added. **CAMPERSHIPS** (sponsorships) are available for anyone, to help with camp fees, winter camp lift passes, lessons, rentals. Refunds are available, a \$40 administrative/processing fee may be retained. **Refunds are not given if you cancel 1 week before camp begins. \$30 return check fee.**

CAMPERSHIPS (sponsorships) are available from our campership fund for campers who cannot afford the full camp fee. If you are applying for a campership, you must still **enclose a deposit**. If you receive a full campership your deposit will be refunded to the camp store. To apply for a Campership: enclose a deposit, AND check the box on page one of the registration form (a third of the way down) and fill out ALL 3 spaces. You may be asked to provide a copy of a current tax form.

CAMP SIGN UP PROCESS:
4-8 weeks before camp A 2 part process: 1) Download Registrations 2) Registrations and fees due 2) Final Info Packet sent out by email
2 weeks before camp Registration forms are available on line from the camp website fcydcamputada.org
1 week before camp Registration forms and all fees are due at the office – recommended due date 2 weeks before camp begins.
Final information packets will be emailed – with list of items to bring, check-in times, map & insulin log

411: Dave Okubo, Camp Director, 801 566-6913 text (or voice message) FCYD Camp UTADA, 1995 W 9000 S, West Jordan UT 84088

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

FCYD Camp UTADA - Win 2026 - pg. 1 of 5 - grades K-7 - Overnight & Day CAMPER email to: fcycdcamp@gmail.com deliver, mon-wed 10-5 or mail to: FCYD Camp UTADA, 1995 w 9000 s, W.Jordan UT 84088 fill out, sign & return all 5 forms with your full payment to the address above. recommended due date: 2 weeks before your camp begins – late registration? text Dave O, Camp Director, 801 566-6913	
--	--

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

camper 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		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	cell phone	work phone
1 st guardian employer	1 st guardian job/title/position	2 nd guardian employer	2 nd guardian job/title/position

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
CABINMATES: (your cabinmate must also fill out a registration forms) 1. You may chose 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 Is your cabinmate within 12 months age ? YES NO		Alternate Cabinmate choice (list only one)

YES NO	Do you have CELIAC DISEASE or GLUTEN INTOLERANCE ? (see also page 5)	LIST OTHER DIETARY RESTRICTIONS:
YES NO	Do you have any limitations medically or physically? Please give details	
diabetes doctor's last name	first	diabetes doctor's phone number
insulin circle	Novolog Humalog Admelog Apidra Basaglar Lantus 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:				
OVERNIGHT CAMPS Circle your Camp(s)	SESSION 0t - cancelled	SESSION 1, overnight	SESSION 1d, day camp	
	Camper grade 7-12	Camper grade 2-7	Camper grade K-5	
	Jan 16-19	Feb 13-16	Feb 14 and/or Feb 15	
	Fri 1 pm - Mon 12 pm	Fri 6 pm - Mon noon	9 am - 7 pm	
	Camp Kostopulos	Camp Kostopulos	Camp Kostopulos	

SESSION 1,2,3 FEES: see below. For campership (sponsorship) information, a minimum \$40 deposit is due now. see two boxes below. No checks. Credit/debit card only. Do not include money for store or ski pass for winter camp. \$30 return check fee. Refunds are not given if you cancel 1 week before camp begins.					
CIRCLE YOUR CAMP FEE	\$90 Early Registration Camp fee – forms must be received, and fee paid in full, 2 weeks before your camp session starts. \$180 Regular Camp fee (after 2 weeks before your camp session starts. Text/call camp director for exceptions.)				
	\$ 20 Per day, Early Day Camp fee \$ 40 Per day, Regular day camp fee				
	\$180 Very, Very Late Camp Fee. (Text/call camp director for exceptions.) \$270 Our true cost per camper. If you are able, camp appreciates additional payment up to the true cost up to \$240 The \$120 fee is substantially reduced by a large grant and donations to FCYD, our 501c3 non-profit, all volunteer organization.				
	CAMPERSHIPS (Sponsorships) are available to anyone. A DEPOSIT IS REQUIRED , (usually \$40, send less if needed.) 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. You may be asked to provide a copy of your current tax form. Use the reverse side for other information or unusual circumstances. Campership funds come from donations to our Campership fund.				
\$	← 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

REGISTRATION INSTRUCTIONS: Complete, sign and return all 6 forms, with the full camp fee no later than 2 weeks before your session. Deposits are not refundable in some cases. Refunds will not be given if you cancel after 1 week before camp starts. Space on a first come first serve basis. Sessions may fill up, send your form soon.	
EMAIL to: FCYDCamp@gmail.com deliver, mon-wed, 10-5: 1995 W 9000 S, W.Jordan UT 84088, USPS mail might not make it on time for early bird SEND IN FORMS - we will call from the camp payment phone 801 556-4432 Card, no checks, we are cashless. DO NOT leave a message.	

411: Dave Okubo, Camp Director, 801 566-6913 text. FCYD Camp UTADA 1995 W 9000 S West Jordan, UT 84088		
signature of parent or guardian (required)	date	camper's full name

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 the Foundation for Children and Youth with Diabetes (FCYD) and Camp UTADA 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 read and understand the camp refund policy. In most cases, there is no refund for cancellations after one week before camp. I have had the opportunity to ask any questions by texting 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, Nathan 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, Nathan 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, ADDRESS, E-MAIL, PHONE NUMBER, SMS, SOCIAL MEDIA

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 primary guardian/secondary guardian and child's name, address, e-mail and phone number on the camp mailing lists, which are given out at the end of camp, or phone numbers for mass SMS.

this space is for FCYD office use and notes	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 – 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:	todays 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	
	print camper full name	
Circle camp sessions 0 1 2 3 4 A B Family		

FCYD Camp UTADA MEDICAL and DIETARY FORM

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, including pump downloads
- 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 diabetes management information: blood sugars, carb grams, insulin
- 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.
- If infection disease protocols are in effect, masking and/or a daily health log for 7 days before camp may be required
- Any donated supplies you receive are prescribed to you by the camp medical director and cannot be given away or traded.

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

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

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	