

FCYD Camp UTADA - WINTER 2026 - TEEN LEADERS and STAFF

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

PHONE PHOTOS NOT ACCEPTED CREDIT/DEBIT CARDS, WE ARE NOW CASHLESS, NO CHECKS
EMAIL to: FCYDCamp@gmail.com DELIVER, mon-wed, 10-5 or MAIL to address above

Recommended Due Date, 2 weeks b4 camp
Upper Staff position? Registration is due 3 weeks before camp.

This registration is for TEEN LEADERS – Grades 7-12 - and - STAFF 18 and older.

Experienced 7th Graders may register for staff positions – text Camp Director for this exemption.

Attend any combination of winter sessions for one fee. (Road Trip is additional premium activity.)

Session 0T is your Leadership Retreat: fun, friends, leadership. Attend winter session 1 as a leader or staff.

NEW TO CAMP 7th Graders: sign up as a camper. Use “OVERNIGHT CAMPER” registration – exemption? text Camp Director 801 566-6913

FEE STRUCTURE for UNDER 18 : ONE FEE for any combination of winter camp sessions

CAMP CREDITS: YOU GET A \$50 credit for each week that you successfully participate as staff !

\$90 early registration \$180 regular fee

FIRST TIME TEEN LEADERS you must use Session 0 as your paid session (exceptions texting camp director, below)

REGISTRATION INSTRUCTIONS: DUE 2 WEEKS B4 CAMP (thurs 1/15, 9pm TEEN LEADERS
(DUE 2 weeks before you first session, if you are registering for a Director or Assistant position)

THIS 7 PAGE REGISTRATION IS FOR CAMP LEADERS

READ, BE AWARE OF AND FILL OUT ALL APPLICABLE PAGES INCLUDING CAMPER AND STAFF FORMS.

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

Please **DO NOT PRINT** double sided. **Phone Photos not accepted.** **KEEP THIS PAGE** for your records.

THEN we will call from the camp payment phone 801 556-4432 to collect payment.

Minors (under 18) must have parents call to make their payment.

Staff Orientation – NEW this year

will consist of on-line sessions and modules (both zoom and self-study) as well as in-person training at camp

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

Transportation, food service staff and dishwashers.

Volunteers must have had a past camper enrollment – exceptions will be considered by the camp director, text 801 566-6913

CAMP SESSIONS:	SESSION 0T - TEEN LEADERSHIP	SESSION 1, 1D				
Circle your Camp(s)	Attend as participant Jun 16-19 Fri 5 pm - Mon 12 noon Camper grade 7-12 Camp Kostopulos, SLC	Attend as staff February 13-16 Fri 3 pm - Mon noon Camper grade 2-7 Camp Kostopulos, SLC				
keep this form for your records. circle sessions above. enter amount paid: _____ (this is your receipt)						

FCYD Camp UTADA is sponsored by the Foundation for Children and Youth with Diabetes, a 501c3 non-profit organization. Camp is 100% staffed with volunteers and includes summer & winter camps, family camps, day camps & teen leader programs and is Utah's only diabetes camp that is accredited by the American Camp Association. We are also members of Diabetes Education & Camp Association.

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 childrens museum and/or natural history museum.

TEEN LEADER UNDER 18 - FEES and CAMPERSHIPS/SPONSORSHIPS: Credit/Debit card only, No Checks, We are Cashless. **STAFF 18 and older**, there is no fee.

Refunds are not given if you cancel after 1 week before your camp.

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, to help with camp fees, winter lift passes, lessons, rentals. A registration deposit is required. You may be asked to provide a current 1040 tax form. See registration form.

SIGN UP PROCESS:	A 3 part process: 1) Registrations sent out 2) Registrations due 3) Final Info Packet sent out by email
4-8 weeks before camp	Registration forms are available on-line on the website fcydcamputada.org
2 weeks before camp	Registration forms + early registrations fees are due at the office (recommended due date 2 weeks before camp)
1 week before camp	Final info packets will be emailed: list of items to bring, check-in times, map, insulin log. Very, very late fee may apply
411: Dave Okubo, Camp Director, text 801 566-6913 FCYD Camp UTADA, 1995 W 9000 S, W.Jordan UT 84088	

keep this cover page s0 of 0 .

FCYD Camp UTADA – WINTER 2026 – page 1 of 8 – TEEN LEADER & STAFF	
email to: fcycdcamp@gmail.com deliver, mon-wed, 10-5: FCYD Camp UTADA, 1995 w 9000 s, W Jordan UT 84088	
READ, fill out, sign & return all 7 forms with your full payment or deposit to the address above.	
recommended due date: 2 weeks before your first camp starts – 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
teen leader email REQUIRED	gender		youth XS 2-4	youth small 6-8		youth medium 10-12		youth large 14-16
teen leader cell	home phone	age at camp	birth date		grade completing: school name:			
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	vehicle color	vehicle make	vehicle model	circle: suv truck car 4x4	are you willing to transport campers and staff during camp? YES NO
total # of seat belts including driver					

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:	
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 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:					
CAMP SESSIONS: Circle Your Camp(s)	SESSION 0T - TEEN LEADERSHIP Attend as participant Jun 16-19 Fri 3 pm - Mon 12 noon Camper grade 7-12 Camp Kostopulos, SLC	SESSION 1, 1D Attend as staff February 13-16 Fri 3 pm - Mon noon Camper grade 2-7 Camp Kostopulos, SLC				

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:
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LIST EACH STAFF POSITION that you are applying for and for what session? Please list all positions and your order of preferenc
--

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 Winter Survey: circle yes/no & circle ability	YES NO Snowboarding YES NO Skiing YES NO 1 ST Timer Lesson	FIRST TIMER never been, once a year you get a FREE lesson	BEGINNER ○ been a few times flat, easy green runs	INTERMEDIATE □ been many times, years most terrain, blue runs	ADVANCED ◇ been many, many years any terrain, steep, black runs
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TEEN LEADER FEES (under 18): \$120 for early registration, \$170 for regular fee. Includes any combo of sessions. Refunds may not be 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 received 2 weeks before your first session. A \$50 very, very late fee may be added.
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CIRCLE YOUR FEES: ALL FEES AND FORMS ARE DUE 2 WEEKS BEFORE YOUR FIRST SESSION OF CAMP TO BE ELIGIBLE FOR THE EARLY REGISTRATION. \$120 Early Registration Teen Leader fee for the full summer and any combination of 5 sessions. (Register and pay 2 weeks before your first session.) \$170 Regular Registration Teen Leader Camp fee for the full summer and any combination of 5 sessions. \$220 Very, Very Late Camp Fee \$240 Our true cost per camper. If you are able camp appreciates additional payment up to the true cost. Camp is staffed by 100% volunteers,

CAMPERSHIPS (Sponsorships) are available to anyone. A DEPOSIT IS REQUIRED \$40 , send less if needed. Please fill out all 4 boxes below, we may ask for 1040 tax form.
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deposit paid:	monthly family income:	number of household dependents:	\$ amount requesting:
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EMAIL to: FCYDCamp@gmail.com DELIVER, mon-thu, 10-5: 1995 W 9000 S, W.Jordan UT 84088, USPS mail might not make it on time	
SEND IN FORMS, then text camp payment # 801 556-4432, mon-wed, 10-5 pm. CARD ONLY, (no checks, cashless)	
411: Dave Okubo, Camp Director, text 801 566-6913 or voice message. FCYD Camp UTADA 1995 W 9000 S West Jordan UT 84088	

signature of staff (required)	date	print 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

REFERENCES (if you have been to FCYD Camp UTADA before, skip down to the CONSENT TO PARTICIPATE box) REFERENCES

Where or from whom did you hear about camp?

Do you know someone with diabetes?	YES NO	name	relationship
List one personal reference		name	relationship phone number
List one professional reference		name	relationship phone number
List one school reference (if a student)		name	relationship phone number

PAST EXPERIENCE

List any Leadership experience and/or skills:

List previous experience working with or counseling children and youth:

Why you want to attend camp?

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. I have the opportunity to ask any 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, 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 participating registrant, I give permission for two way communication with any references or contacts 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, and phone numbers for mass SMS.

STAFF 18 and older: ALL 4 LINES BELOW MUST BE COMPLETED

YES NO (circle)	initial here →	Have you ever been arrested for any reason? (Other than minor traffic violations) If YES, explain:
YES NO (circle)	initial here →	Have you ever been charged with or convicted of a felony? If YES, explain:
YES NO (circle)	initial here →	Have you ever been convicted of trafficking narcotics or controlled substances? If YES, explain:
YES NO (circle)	initial here →	Have you ever been charged with or convicted of a crime against a minor? If YES, explain:

ALL PARTICIPANTS: SIGNATURES REQUIRED

My signature signifies: The above is true and I have read and understand the above rules and responsibilities. I will have a chance to ask questions at orientation or before by texting/calling the camp director. I will help enforce all 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 - JOB AGREEMENT and BEHAVIOR POLICIES

Please read the following items for which you, as a teen leader/counselor/staff are responsible. This list was generated from past complaints from campers, parents, counselors and 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. Parents of minors will be called, 4. You, will be sent home immediately, forfeiting any camp fee, and/or 5. You will be restricted from other camp activities for up to 2 years.

GENERAL RESPONSIBILITIES:

1. Get enough rest. Be a rested happy camper.
2. **Be on time.**
3. Obey **camp curfew**. You can be up after curfew if you are engaged in official camp business.
4. Off Limits **Staff quarters or cabins** of the opposite sex can only be entered in the event of a medical emergency.
5. **Department areas** are off limits: medical, infirmary, program, clean-up hq, camp store, kitchen, pantry, storage trailer (unless "owner" is present.)
6. **Don't help yourself**. If you need something ask the department director.
7. Do not **leave the camp** without notifying the camp director.
8. **Visitors** must be approved in advance and must check-in & check-out with the camp director. Visits should be brief and not overnight.
9. Support the **camp rules** and the **camp staff**. Obey the **camp site rules**.

CAMPER SUPPORT

1. **Feed the campers** before you feed yourself.
2. **Campers must be attended** at all times (or with a buddy, as you get to know them.) Counselor free time is a sign-up activity.
3. Carry your **medical emergency pack** at all times, so you can help the campers and each other. Carry your medical/dietary **clipboards** at all times.
4. **Assist the campers** with their medical and social needs.

BEHAVIOR POLICIES

1. No **outside food, snacks or candy**, unless approved by the camp director.
2. No **alcohol, drugs, or smoking/vaping**. No matches or fireworks. Smokers must leave the camp site alone and be invisible. Under 21 cannot smoke.
3. Do not bring **animals, pets** or emotional support animals. They are not allowed by the camp sites that we rent.
4. Keep **romances** at a casual level. Remember your job and role at camp.
5. Limit **phone calls** to a few minutes. The camp phone is for camp business.
6. **Music played thru speakers** is prohibited. Public music used for program purposes must be approved by the camp director in advance.
7. Try not to **swear**. No sexual or inappropriate jokes or clothing.
8. No **pranks** after curfew. No pranks on campers. No pranks that are unsafe or that could cause physical or psychological harm or material damage.
9. Be a **role model** and **good diabetes example**. Renew **friendships**. Make **new friends**. Have **fun**.

JOB AGREEMENT AND POLICIES (set forth for counselors and staff of FCYD Camp UTADA by the camp committee and FCYD Board of Directors.)

1. **Participation** is required for the full camp session from load-up, check-in and the full week thru check-out.
 - Exceptions include day help, including guest speakers and special day activity staff, approved by the camp director.
 - Staff must spend their free time at camp. Permission to leave the camp site must be obtained from the camp director.
2. This "employment" is voluntary, **without wages or salaries**, except as authorized by the FCYD Board of Directors.
 - By participating in sessions with a fee, any counselor or staff can earn **credits toward staff events** that are considered premium, due to cost.
3. It is camp policy that counselors and staff, not accept **gratuity or tips**.
4. **Benefits** including workmen's comp, health and unemployment are not provided.
 - Medical care not provided by the camp medical staff is the responsibility of the participant and their medical insurance.
5. **Transportation** to and from camp is the responsibility of the participant, at his/her expense.
 - **MINORS** are not allowed to drive to camp or to drive with minor passengers in their vehicles.
 - The use of personal vehicles falls under the participant's insurance and proof of drivers license and auto insurance is required at check-in.
 - The participant's personal driving record will be reviewed as part of the consented background check.
 - The use of personal vehicles during the camp session, from load-up thru check-out, must be approved by the camp director.
 - Personal vehicles may be used to transport staff, camp supplies and gear during the camp session, as coordinated by the program/admin staff.
 - Personal vehicles should be maintained in good condition: lights, exhaust, brakes, cooling/lubricants, emergency flashers, wipers, seat belts.
 - When refueling all the systems above should be checked.
 - When a private vehicle is used to transport persons, drivers will pass off a safety check of their vehicle & blood sugar with program/admin staff.
 - Drivers will enforce seatbelts and proper speed limits.
6. **A job description** is available for staff and counselors to review upon request.
7. **Valuable personal items** are the responsibility of the staff/counselor and may be stored with the camp director if needed.
8. Any condition warranting **dismissal, leave of absence, or emergencies** will be documented in writing by the participant and the camp director.
 - **Sick leave**, will be documented in medical log book by the participant and camp medical staff.
9. All registration forms, including demographics, references/consent, job agreement, counselor rules, medical/dietary, are complete by the due date.
 - It is recommended that immunizations are up to date and a physical exam is performed in the past 5 yrs.
10. I am aware of HIPPA policies and if not, i will have the opportunity to be trained and ask questions during orientation

My signature signifies: I have read and understand the counselor and staff job agreement and behavior policies, rules and responsibilities. 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.

Circle sessions 0 1 2 3 4 A B Family

today's
date

parent/guardian
signature of minor

participants
signature

print
full name

FCYD Camp UTADA – COUNSELOR RESPONSIBILITIES

ALL PARTICIPANTS, CAMPERS, COUNSELORS and STAFF:

EVERYONE, please review the responsibilities below so everyone is aware of the counselors role at camp. Sign and return this form with your registration papers. This is a partial list.

COUNSELOR ARE RESPONSIBLE TO:

1. **Medical Staff** for diabetes and medical problems and emergencies.
2. **Dietary Staff** (or Medical Staff) for dietary issues.
3. **Program Director and Assistants** for questions regarding activities and program areas.
4. **Administrative Director** for transportation, clean up, camp store, mail, maintenance.
5. **Food Service Director** for food service, kitchen and dining room matters.
6. **Camp Therapist** or designee for behavior problems and psychosocial issues.

COUNSELOR GENERAL RESPONSIBILITIES:

1. **Orientation**: attend all the mandatory medical and camp orientation sessions.
2. **Participate** in the whole camp session, from loading up, set up, orientation, check-in and check-out.
3. Assist with **Check-in** and gather medical/social information on each camper. Assist campers with their gear.
4. Assist with **Check-out**. You are still responsible for your campers until they are checked out to parents.
5. Assigned 6-9 campers with a **co-counselor**. Teen session counselors may be alone.
6. Orient the campers to the **Camper Rules**. Help each other enforce the Camper rules and the Camp Rules.

COUNSELOR SPECIFIC RESPONSIBILITIES:

1. At least one counselor will **be with the campers** at all times. **Double coverage** when appropriate.
2. Be aware of the **campers' locations** at all times. The campers should not wander off alone.
3. **Be on time and listen** to announcements before meals and activities. Help enforce listening.
4. Be aware of and help enforce camper responsibilities.
5. All counselors attend **program/admin meeting** after breakfast. Medical will start cabin clean-up with campers.
1. Always carry your **emergency medical kit** at all times.
2. Always carry your **medical/dietary clipboard** at all times.
3. Help **check blood sugars** at meals/snacks. Have campers show you their meter or cgm number.
4. **Record all blood sugars** on management log and note grams of carb if treating a low.
5. **Correct high blood sugars** and **record insulin** on management log while in the cabin.
6. Help **draw up insulin** syringes. **Check insulin** syringe or pump display for accuracy.
7. Help **administer insulin** if needed. Observe pumpers **pressing the bolus button**.
8. One counselor should **attend medical rounds** at least daily.
1. Help campers make healthy and proper **meal choices and substitutes** choices if needed.
2. Help campers **count carbs** and **record food** intake.
3. Help campers **bolus before they bite**.
4. Help everyone **stay out of the kitchen**.
1. Have a positive attitude, be a good **role model** and social example, no swearing, have fun.
2. Set a **good diabetes** example.

My signature signifies: I have read and understand the counselor and staff job agreement and behavior policies, rules and responsibilities. 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 of minor	
	participants signature	
Circle sessions 0 1 2 3 4 A B Family	print full name	

FCYD Camp UTADA – CAMPER PROFILE

ALL PARTICIPANTS, CAMPERS, COUNSELORS and STAFF:

EVERYONE, please review the responsibilities below so everyone is aware of the campers role at camp.

STAFF UNDER 18, FILL OUT, sign and return this form with your registration papers. This is a partial list.

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 / PARTICIPANT 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 of MINOR SECTION – to be filled out by the parent/guardian of minor 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

ALL PARTICIPANTS, CAMPERS, COUNSELORS and STAFF:

Please review the responsibilities below so everyone is aware of the campers role at camp.
Sign and return this form with your registration papers. This is a partial list

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 cannot transport minors and 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 counselor and staff job agreement and behavior policies, rules and responsibilities. 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, 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 and flu vaccine ?		
If YES list immunization date(s)		
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
				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	