

FCYD Camp UTADA – Summer 2024 – STAFF (grade 12+)

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utahs Accredited Diabetes Camps • FCYD STAFF • 1995 w 9000 s • W Jordan, UT 84088

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

STAFF REGISTRATION INSTRUCTIONS:

Attached is a 6 PAGE REGISTRATION: STAFF, COUNSELORS, FOOD SERVICE VOLUNTEERS, **finished with high school.**

DUE DATE (recommended): MAY 13. LATE REGISTRATION? – text Dave O, camp director 801 566-6913

Upper Staff position? Registration is due MAY 13.

Please **DO NOT PRINT** double sided. **RETURN all 6 forms attached.** **KEEP THIS PAGE 0** for your records.

BUDDIES, COUSINS, SIBS can attend any session as volunteers (or campers, download camper forms).

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, FRIENDS – we need your help!

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

New to camp? Exceptions will be considered by the camp director, see below.

High School graduates and older,

fill out these, **STAFF FORMS. Finishing Grade 11 and under, fill out TEEN LEADER FORMS.**

CAMP SESSIONS:	SESSION 0T	SESSION 1	SESSION 2	SESSION 4d - Day Camp	FAMILY CAMP	SESSION 3	TEEN+STAFF ROAD TRIP
Circle Your Camp(s)	Experience Required Jun 15-20 Sat 8 am - Thu 8 pm Camper grade 8-12 Camp Red Cliffe, Ogden	Attend as staff June 21-26 Fri 8 am - Wed 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden	Attend as staff July 5-11 Fri 8 am - Thu 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden	Attend as staff July 15-18 Mon 8 am - Thu 5 pm Camper grade preK-5 Brighton Mtn Resort	Attend as staff July 26-28 Fri 8 am - Sun 8 pm Camper age 0 - grade 4 Camp Red Cliffe, Ogden	Attend as staff Aug 2-7 Fri 8 am - Wed 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden	Attend as participant FYI only – fall break Oct 17-20 2024 Fee: TBA Southern Utah

CIRCLE SESSIONS ABOVE. KEEP THIS FORM FOR YOUR RECORDS. CAMPER GRADES ARE BASED ON THE GRADE COMPLETED.

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..

COUNSELORS and STAFF, 18 and OVER may register for any combo of sessions 0T,1,2,3 and/or family camp.

DAY STAFF, sign up for any session, list your days.

TEEN LEADERS, GRADES 7-12 may register for any of the above sessions, in any combination. **DOWNLOAD TEEN LEADER FORMS.**

ORIENTATION REQUIRED: on-line sessions and modules (both zoom and self-study) as well as in-person training at camp.

PROFESSIONAL STUDENTS may register for sessions 1,2,3

11 SESSIONS OF SUMMER CAMP will be held at our main site, Camp Red Cliffe, East of Ogden and Pineview Reservoir. Drive times: Red Cliffe 1hr 15min from Salt Lake. Camp Red Cliffe has 20 small cabins, a shower house, a large pool, and outdoor dining hall. We plan on 50 to 70 campers and 30 to 50 staff each session. Teen and Young Adult Leader camp is open to experienced staff only. Day Camp, session 4d will be at Brighton Resort, Big Cottonwood Canyon, and 3 other day camps: 1d, 2d and 3d will be held in tandem with session 1, 2, 3. The staff includes counselors, program and administrative staff and medical staff, including doctors, nurses, dietitians and a camp therapist. Counselors have diabetes themselves, are involved in the health care field, are friends of camp or may be jr. counselors from our Teen Leader Program.

FAMILY CAMP: Family camp will be held on the weekend in July, beginning after work on Friday and ending on Sunday. Family Camp is for the whole family who have infants, toddlers and children diabetes aged 0 – grade 5.

SUMMER CAMP ACTIVITIES AT CAMP MAY INCLUDE: Archery, Crafts, Field Sports, Volleyball and Whole Camp Special Activities. **CLUBS** are held once or twice a week and may include aerobics, basketball, cheer, cooking, dance, fishing, golf, mountain bikes, newspaper, scrapbooking, soccer, swimming, games, painting, volleyball, yearbook and more. Other **SPECIAL ACTIVITIES** might include: Cabin Decorating, Sundown Service, Dance Party, Campfire and Skits, Talent Show, Guest Speakers, Water fight, Nite Hike, Night Games, Camp Parties, Lake Day, Relays, ADATU Book of Records, Relays, Tournaments, fun, fun, fun and more, more, more!

SIGN UP PROCESS:	A 3 part process: 1) Registrations download 2) Registrations due 3) Final Info Packet sent out by email
4-8 weeks before camp	Registration forms are sent out by email and are available on line within a week (fcydcamputada.org)
2 weeks before camp	Registration forms are due at the office – recommended latest due date 2 weeks before your session.
1 week before camp	Final confirmation, information packets will be emailed: list of items to bring, check-in times, map insulin log

PHOTOS NOT ACCEPTED EMAIL to: FCYDCamp@gmail.com DELIVER, mon-wed, 10-5: 1995 W 9000 S, W. Jordan UT 84088

411: Dave Okubo, Camp Director, text 801 566-6913 FCYD Camp UTADA 1995 w 9000 s West Jordan UT 84088

FCYD Camp UTADA – Summer 2024 - page 1 of 6 Registration – STAFF (12th grade+)

email: fcycamp@gmail.com deliver, mon-wed, 10-5 mail: FCYD UTADA STAFF, 1995 w 9000 s, W.Jordan 84088

fill out, sign & return all 6 forms to the addresses above.

recommended due date: **MAY 13** **LATE REGISTRATION?** contact Dave O, Camp Director, text 801 566- 6913

office use:

date

ck cc csh

fee \$

sib \$

forms

g-mail

dbase

staff last name	first name	t-shirt size (circle)	mens small	mens medium	mens large	mens XL	mens 2X	mens 3X	
e-mail address	gender	youth XS 2-4	youth small 6-8		youth medium 10-12		youth large 14-16		
cell phone	home phone	age at camp	birth date						
mailing address		city				st	zip		
emergency person full name		relationship to staff				cell phone			

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	YES NO ARE YOU ABLE TO HOST ONE OR TWO OUT OF TOWN CAMPERS OR STAFF THE NIGHT BEFORE CAMP?				

place of employment	job title or profession	if you are driving to camp, attach copy of auto insurance. copy attached? YES NO		if you are new to camp, attach a copy of your drivers license / ID. attach copy? 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 special medical needs? If YES , please list here -----	
diabetes doctor's last name		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:	
sensor circle	Libre Dexcom G6 Dexcom G5, G4 Medtronic/Minimed Enlite Medtronic/Minimed Guardian Other:	

CIRCLE YOUR CAMP SESSION(S) below:

CAMP SESSIONS: Circle Your Camp(s)	SESSION 0T	SESSION 1	SESSION 2	SESSION 4d - Day Camp	FAMILY CAMP	SESSION 3
	Experience Required Jun 15-20 Sat 8 am - Thu 8 pm Camper grade 8-12 Camp Red Cliffe, Ogden	Attend as staff June 21-26 Fri 8 am - Wed 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden	Attend as staff July 5-11 Fri 8 am - Thu 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden	Attend as staff July 15-18 Mon 8 am – Thu 5 pm Camper grade preK-5 Brighton Mtn Resort	Attend as staff July 26-28 Fri 8 am – Sun 8 pm Camper age 0 – grade 4 Camp Red Cliffe, Ogden	Attend as staff Aug 2-7 Fri 8 am - Wed 8 pm Camper grade 2-7 Camp Red Cliffe, Ogden

SESSION AVAILABILITY: list the sessions you are available and order of preference:
my first choice is session # _____ my second choice is session # _____ my third choice is session # _____ 4th choice _____ 5th choice _____ 6th choice _____

Have you been to FCYD Camp UTADA before? YES NO	IF YES, what was your first year?	IF YES, what was your first session? Summer Winter Day Camp Family Camp
If you are new to FCYD, please list other camp experience:		

LIST EACH STAFF POSITION that you are applying for and for what session.
Please list all positions and your order of preference.

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

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

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

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

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

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

signature of staff (required)	date	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)

Where or from whom did you hear about camp?			
Do you know someone with diabetes?	YES	NO	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 volunteer at 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 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, 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 BOXES 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:

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 - JOB AGREEMENT and BEHAVIOR POLICIES

Please read the following items for which you, as a counselor/staff are responsible. This list was generated from past complaints from campers, parents, counselors and staff. If you break 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**.

VOLUNTEER 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 volunteering their time, 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.
 - 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.d
 - 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 and & 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 counselor 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 – COUNSELOR RESPONSIBILITIES

ALL VOLUNTEERS – STAFF and COUNSELORS:

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** 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 by texting/calling the camp director. I will help enforce all of the above counselor 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 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.
- 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.
- Donated supplies are prioritized to full session participants first.

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	