

FCYD Camp UTADA 2024 – FALL DAY ACTIVITY – REGISTRATION

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

PHONE PHOTOS NOT ACCEPTED

Send forms first, EMAIL to: FCYDCamp@gmail.com DELIVER, tues or thur 10-5 or MAIL to the address above then TEXT camp payment phone 801 556-4432, we will text you back.
we are now cashless: CREDIT/DEBIT CARD accepted

FALL DAY ACTIVITY

The Whole Family or Day Camper ages 0 - grade 6 or Teen Leaders grades 7 – 12 participate as staff

FALL INTO THE HOLIDAYS WITH US!

Hello families and friends!

We will be hosting a fall family and camper day activity on Saturday, October 26, 2024 from 9-3, 6
Camp Kostopulos - [4180 Emigration Canyon Rd, Emigration Canyon, UT 84108](#)

We will have 2 breakout sessions and 2 family activities.

Following these, we will be having a camp sponsored activity (HOGLE ZOO) from 3-6 pm.

We will be learning about the Holidays while also incorporating our common experiences with diabetes, as well as making new friends and enjoying our time with old ones!

TEEN LEADERS (camp experience required) can come as staff,
INDIVIDUAL CAMPERs through grade six can attend as day campers, or

EACH FAMILY can attend as a whole a family!

We hope you can **Fall into the Holidays With Us!**

BEEN TO CAMP – Registration

If you have registered for camp in 2024, you may bypass this form and text 801 556-4432 and pay your fee !

NEW TO CAMP - Registration

ALL 5 FORMS and **THE FULL FEE** are due 1 week before camp begins. PLEASE **DO NOT PRINT DOUBLE SIDED FORMS**

Early Registration Fees: PAID IN FULL and FORMS RECEIVED 2 wks before camp: Family Weekend: \$30 per person 3+ years, max \$150, extended family +\$30 each • Family Day: Saturday only \$15 per person 3+ years.

Regular Registration Fees: after 2 weeks before camp: Family Weekend: \$40 per person 3+ years, max \$200, extended family \$40 each
Family Day: Saturday only \$20 per person 3+ years.

WANT YOUR TEENS TO LEARN ABOUT DIABETES? or SIBLINGS, COUSINS, BUDDIES

DOWNLOAD: CAMPER, TEEN LEADER or STAFF APPLICATION

SIBLINGS, COUSINS, BUDDIES, AUNTS AND UNCLES, GRANDPARENTS, CAREGIVERS, etc. may attend family camp or any of our other camp sessions. Grades finishing 2-12 can attend full week overnight sessions without their sibling at our regular sessions. Or for those finishing grades 8+, they can also help STAFF at any session (great for school and job resumes and babysitting).

STAFF – ANYONE, ANYONE?

NEW to camp: DOWNLOAD STAFF or TEEN LEADER REGISTRATION

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

FEES include: all activities and workshops Saturday, lunch and snacks Saturday, and HOGLE ZOO. Sponsorships are available from our Campership Fund.

Early registration day fees, age 3+ (INCLUDES 3:00 SPONSORED ACTIVITY) are \$10 per person, maximum \$50. Extended family add \$10 each.

Regular registration fees, age 3+: \$20 per person 3+ years (2 and under free). Maximum day fee is \$100. Extended family add \$20 each.

CAMPERSHIPS (SPONSORSHIPS): are available from our Campership Fund. CHECK THE BOX on your family registration form. If you are applying for a campership, you must still ENCLOSE A DEPOSIT with your registration.

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

CAMP SIGN UP PROCESS: 2 part process – 1) registration, 2) final information packets

4-8 weeks before camp REGISTRATIONS available for download.

2 weeks before camp REGISTRATIONS DUE with camp fee

1 week before camp FINAL INFORMATION PACKETS will be emailed to you.

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 – FALL 2024 – DAY ACTIVITY registration page 1 of 5

Family Camp - FCYD Camp UTADA 1995 w 9000 s West Jordan UT 84088

fill out, sign & return all 5 forms with your full payment or deposit to the address above.
recommended latest due date: 1 weeks B4 your camp begins – late registration? text Dave O, Camp Director, 801.566-6913

office use:

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

camper last name	camper first name	gender	t-shirt size (circle)	mens small	mens medium	mens large	mens XL	mens 2X	mens 3X
camper e-mail				youth XS 2-4	youth small 6-8	youth medium 10-12	youth large 14-16		
camper cell #	camper home #		address						
birth date	age at camp	grade completed:	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
YES NO SATURDAY DAY ONLY: We will arrive Saturday morning and leave Saturday night – no overnight accommodations are needed. YES NO COMMUTE: We will be staying at home or in a nearby motel and will commute to camp for the weekend – no at camp overnight accommodations are needed. YES NO OVERNIGHT OUR OWN ACCOMODATIONS: We will be bringing (circle): TENT CAMPER TRAILER MOTORHOME RV Length _____ YES NO CABIN: We would like to reserve a cabin. (reserved on availability, occasionally you may be asked to share with another family.) _____ if you want to share a cabin, do you have a family with which you would like to share? _____								

YES	NO	Does anyone have CELIAC DISEASE or GLUTEN intolerance? (see page 6)	List other dietary restrictions:
YES	NO	Does anyone 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 camper SCHOOL GRADE , as of this spring – and CIRCLE YOUR CAMP SESSION(S) below:
CAMP SESSIONS:	FALL DAY ACTIVITY – Saturday, October, 26, 9 am – 5 pm
Circle your Camp	Camper age 0 – 6 th grade

EARLY REGISTRATION FEE: \$10 per person 3 years and older, 2 years and under are free.

_____ TOTAL NUMBER of family members attending, include everyone, cousins, aunts, uncles, grandparents, friends.

_____ TOTAL NUMBER of family members 3 years and older.

x \$10 MULTIPLY the above TOTAL NUMBER 3 years and older by \$10

\$_____ TOTAL FAMILY DAY FEES, the maximum fee is \$50

+_____ ADD \$10 for EACH EXTENDED FAMILY MEMBER (grandparents, aunts, uncles, cousins).

\$_____ TOTAL FAMILY DAY FEES, MAX \$150 must be enclosed. For Camperships, see below. Fees are non-refundable in some cases.

LATE REGISTRATION FEES: Saturday only: \$20 per person 3 years and older, 2 years and under are free.

_____ TOTAL NUMBER of family members attending, include everyone, cousins, aunts, uncles, grandparents, friends.

_____ TOTAL NUMBER of family members 3 years and older.

x \$20 MULTIPLY the above TOTAL NUMBER 3 years and older by \$20.

\$_____ TOTAL FAMILY DAY FEES, the maximum fee is \$100.

+_____ ADD \$20 for EACH EXTENDED FAMILY MEMBER (grandparents, aunts, uncles, cousins).

\$_____ TOTAL FAMILY DAY FEES must be enclosed. For Camperships, see below. Fees are non-refundable in some cases.

CAMPERSHIPS (Sponsorships) from our Campership Fund are available to anyone. **A DEPOSIT IS REQUIRED**, (usually \$50, send less if needed.) The campership is based on total family income, number of 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. We may as for a 1040 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, sign and return all 5 forms, with the full camp fee no later than 1 weeks before your session. Deposits are not refundable. 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,** or MAIL (USPS mail might not make it on time.)

SEND IN FORMS, then call the camp office 801 556-4432 to make payment, mon-wed, 10-5 pm. If you get the voicemail, do NOT leave a message.

411: Dave Okubo, Camp Director, 801 566-6913 text or voicemail. Family Camp, 1995 W 9000 S, West Jordan UT 84088 email forms: fcydcamp@gmail.com

signature of parent or guardian (required)	date	camper's 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 understand that any fees paid are not refundable after 1 week before the start of your camp session. 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.

PHOTOS, 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.

My signature signifies: I have read and understand the above 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 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 – FAMILY BIO

Please fill out this form so we know who will be attending and to help us introduce you. We will be introducing families and staff at our opening campfire, the first night of camp. As an option, you can do your own introduction (with an optional song or skit).

family lastname(s)	
home town	
name(s) of family members with diabetes	
how many years with diabetes	
how many years at camp	

List everyone attending camp, including the kid(s) with diabetes: (mark diabetics with a *)				
	first name (and last if different) list YOUNGEST to OLDEST then PARENTS, then grandparents, etc	age at camp (of the kids) or 'dad', 'mom', 'aunt', etc * mark those with diabetes with a *	a SINGLE bio titbit nickname, achievement, something special, hobby, etc	list any special dietary needs
1				
2				
3				
4				
5				
6				
7				
8				
9				

List family members NOT attending camp this session:				
1				
2				
3				
4				
5				
6				
7				

circle session: family camp family day	date	family name
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FCYD Camp UTADA – GENERAL RULES and RESPONSIBILITIES

Please read the following items for which your family members are responsible. Parents should review the rules and responsibilities with family members and sign for all family members. Return this form with your other registration papers before the due date.

- DIABETES MANAGEMENT:**
1. Medical rounds will be held at check-in and every evening, to go over blood sugars, insulin doses and meal plans.
 2. Campers with diabetes should test & record sugars 4 times a day for one week prior to camp. Be responsible for testing & recording blood tests 4 times a day during the camp session.
 3. Campers with diabetes should follow their meal plan. Record food intake after each meal & snack. Talk with dietitian if your meal plan needs to be changed.

- SPECIFIC RULES/RESPONSIBILITIES:**
1. Obey the CAMP WAPITI or RED CLIFFE BOUNDRIES - Fences and Hills. Please help keep your children off the hillsides. Keep the gates into camp closed.
 2. Areas that are OFF LIMITS to family campers: Lodge Upstairs, Kitchen, Pharmacy Room, Program & Store areas. NO CABIN RAIDS. Stay out of other's cabins.
 3. PARK West of the lodge - DO NOT drive/park on the grass.
 4. NO smoking, alcohol, drugs, pets. NO big knives, firearms, fireworks or lighters.
 5. NO THROWING rocks, dirt or sticks.
 6. KEEP TRACK of your family members. Younger members should stay with a buddy.
 7. Please BE ON TIME for announcements, meals & snacks.
 8. Help maintain the ENVIRONMENT - recycle aluminum. Keep camp clean & pick up trash.
 9. CLEAN-UP ASSIGNMENTS will be distributed daily. Clean-up should be passed off as completed by the Camp Administrative Director.
 10. The CAMP STORE will be open at designated times. Please make purchases with cash. No charges.
 11. The PHONE is for camp business and emergencies only. Calls must be made collect or by charge card. Limit 3 minutes!
 12. EMERGENCY are designated by 3 short blasts of the camp horn sounded repeatedly. ASSEMBLE IMMEDIATELY at the flagpole for instructions.
 13. MEET AT THE FLAGPOLE at the start of each activity period and before each meal. Listen for the horn to signify the the start of each activity or meal.
 14. ALL SPORTS EQUIPMENT should be signed out and signed back in by the program staff.

By following these rules, you will have fun, be safe, set a good example for your fellow campers, and you will learn more about your diabetes management.

I have reviewed the rules and responsibilities with family members. We understand and will help enforce and follow the rules and responsibilities as stated. We will have the opportunity to ask questions at orientation and by texting/calling the camp director before camp.

date:	print camper name	signature
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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 "∅" 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 allergies, requests or limitations and LIST NAME	Gluten/Celiac Vegan	Lactose Vegetarian	Food Allergies Religious	Low Sodium Cultural None
List NAME and any details of above				

My signature signifies that the above is true and I have read, I understand, I have had the chance to ask questions about the above polices and procedures. I will help enforce the above policies and procedures.	today's date	
	parent/guardian of minor signature	
	participant signature	
circle session(s) 0 1 2 3 4 A B	print full name	