

# FCYD Camp UTADA - Summer 2026 - pg. 1 of 5 - grades K-7 - OVERNIGHT CAMPER

email to: [fcycamp@gmail.com](mailto:fcycamp@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. Text the camp payment phone 801 556-4432 that you registered. We will reach out for payment from that number. 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	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 #	age at camp	birth date	school name					
mailing address		city				st	zip		

1 <sup>st</sup> guardian full name		2 <sup>nd</sup> guardian full name	
1 <sup>st</sup> guardian email		2 <sup>nd</sup> guardian email	
cell phone	work phone	cell phone	work phone
1 <sup>st</sup> guardian employer	1 <sup>st</sup> guardian job/title/position	2 <sup>nd</sup> guardian employer	2 <sup>nd</sup> 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
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**CABINMATES:** (your cabinmate must also fill out a registration forms)

- You may chose ONE cabinmate and ONE alternate.
- Your choices must be WITHIN 12 MONTHS of your age. This keeps same age campers in the same cabin groups. Exceptions must be approved.
- We make every effort to accommodate all the requests. No guarantees will be made because of the many choices and combinations that will occur.
- 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 <sup>st</sup> Cabinmate (list only one)	Has your cabinmate signed up for camp? YES NO	Alternate Cabinmate choice (list only one)
	Is your cabinmate within 12 months age? YES NO	

<b>YES NO</b>	Do you have <b>CELIAC DISEASE</b> or <b>GLUTEN INTOLERANCE</b> ? (see also page 5)	<b>LIST OTHER DIETARY RESTRICTIONS:</b>
<b>YES NO</b>	Do you have any limitations medically or physically? <b>Please give details</b>	
diabetes doctor's last name	first	diabetes doctor's phone number
<b>insulin</b> circle	Novolog Humalog Admelog Apidra Basaglar Lantus Toujeo Tresiba Vial Pen Cartridge Other:	
<b>meter</b> circle	Lite One Touch Ultra Contour Other:	
<b>pump</b> circle	T-Slim Animas Ping Medtronic/Minimed: 522/722 523/723 530G 630G 670G Other:	
<b>site</b> circle	AutoSoft 90 AutoSoft 30 AutoSoft XC VariSoft TruSteel Inset Inset 90 Mio Quick Set Silhouette Sure T	
<b>sensor</b> 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:

<b>OVERNIGHT CAMPS</b> Circle your Camp(s)	<b>SESSION 1 - campers</b> Camper grade 2-7 Jun 21 – 24 sun 3pm - wed 11am Camp Red Cliffe, Ogden Valley	<b>SESSION 2 - campers</b> Camper grade 2-7 Jul 17 - 22 fri 3pm - wed 11am Camp Red Cliffe, Ogden Valley	<b>SESSION 3 - campers</b> Camper grade 2-7 Aug 2-5 sun 3pm – wed 11am Camp Red Cliffe, Ogden Valley	<b>DAY CAMPS -</b>  <b>SEE DAY CAMP TABS</b>
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**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.

<b>CIRCLE YOUR CAMP FEE</b>	\$90 Early Registration Session 1 or 3 – forms must be received 2 weeks before and fee paid in 1 week before your camp session starts.
	\$150 Early Registration Session 2
	\$120-190 Regular Camp fee (after 2 weeks before your camp session starts. Text/call camp director for exceptions.)
	\$140-200 Very, Very Late Camp Fee. (Text camp director 801 566-6913 for exceptions.)
	\$380 Our true cost per camper (5 night camp). If you are able, camp appreciates additional payment up to the true cost up to \$380
	The current 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, 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
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**REGISTRATION INSTRUCTIONS:** Complete, sign and return all 5 forms, 2 weeks before your session and pay the full fee 1 week before. 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](mailto: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 Cr/Db 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
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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 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 <b>have been to camp</b> What is your <b>favorite thing</b> about camp?	
If you <b>have been to camp</b> What is your <b>least favorite thing</b> about camp?	
If you <b>have been to camp</b> <b>Who's job</b> would you like at camp?	
If you <b>have not been to camp</b> What are you <b>looking forward to</b> at camp?	
If you <b>have not been to camp</b> What are you <b>not looking forward to</b> at camp?	
List one or two things you like to <b>learn about diabetes</b> at camp	
List one or two things you like to <b>learn about</b> at camp (non diabetes)	

## PARENT/GUARDIAN SECTION – to be filled out by the parent/guardian before camp

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

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

# FCYD Camp UTADA CAMPER AGREEMENT and RESPONSIBILITIES

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

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

## RESPONSIBILITIES and RULES

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

## DIABETES RESPONSIBILITIES

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

## OTHER SPECIFIC RESPONSIBILITIES

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

## ADDITIONAL WINTER CAMP RULES and RESPONSIBILITIES

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

My signature signifies: I have read and understand the above. I will have a chance to ask questions at orientation or before camp by texting/calling the camp director. I will help enforce all of the above rules and policies of camp.

Circle camp sessions 0 1 2 3 4 A B Family

	today's date	
	parent/guardian signature	
	camper signature	
	print camper 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, 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**

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

## 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 <b>food allergies</b>				

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	