



Camp Ko-Man-She Registration Form

Location: Camp Willson Outdoor Center 2732 County Rd 11, Bellefontaine, Ohio 43311

For ages: 8 -17 (Overnight); 6 & 7 (Day Camp, 9 am-4:30 pm)

Dates: Overnight- Sun, June 30th-- Sat, July 6th, 2019 Day Campers- Tues, July 2nd and/or Wed, July 3rd

Fees: Overnight Campers- **Registration Fee: \$50 Remaining Camp Fee: \$400***

Day Camp- **\$30 for 1 day; \$50 for both days** (no registration fee; please send full payment with registration form)

Payment plans may be available; please contact the office to coordinate. Camperships may be available to assist with the remaining camp fee if a family needs financial assistance. Camperships require a formal application (with income verification documents) no later than **May 24th, 2019. Please circle YES below to receive a Campership application packet.*

Registration fees must be paid regardless of Campership application/approval.

Registration fee must be submitted with this form by MAY 10th to reserve a spot for your camper. Please make checks payable to Diabetes Dayton. Campers are admitted based on having completed all paperwork and at the discretion of the Medical Director and the Camp Director. Once your registration fee and form are received, we will send you the Camper Info Forms that will be due with final payment by **June 7th, 2019**.

Please fill out completely, ****enclose your \$50 registration fee check**** and mail to:

Diabetes Dayton
2555 S. Dixie Drive, Suite 112
Dayton, OH 45409

Pay online! Go to

www.diabetesdaytoncamp.com

click on "Make Payment for Camp"
and select "Registration fee."

(\$2 processing fee)

Questions? Call: 937-220-6611 or email: admin@diabetesdayton.org



Camper Information

Name: _____ Date of Birth: _____

Address: _____ City: _____

St: _____ Zip: _____ County: _____ Sex: M F

Type of Diabetes: _____ Diabetes Diagnosis Date: _____ I have attended Camp Ko-Man-She for _____ yrs.

Registering for (circle): Overnight Camp Day Camp: July 2nd July 3rd Both days

Insulin(s): _____

Pump/CGM? Yes No Brand: _____

List of Other Medications: _____

_____ Celiac disease? Yes No

Diabetes Doctor: _____

Doctor's Phone Number: _____

T-Shirt Size: YM AS AM AL AXL 2XL

Parent/Guardian Information

Name(s): _____

Contact #: _____

Email: _____

Go green! Save paper! Choose YES or NO to receive fillable PDF camp forms via e-mail.

Requesting Campership (Financial Aid) Application: Yes No Registration Fee: Check Enclosed Paid Online

Parent/Legal Guardian Signature

Date

****By signing this form, you are acknowledging that you have read and understand the camp medical policies on the backside; give permission for the Camp Medical Director to review your child's medical records; and agree to communicate with Diabetes Dayton about any health concerns.****

IMPORTANT MEDICAL INFORMATION

It is **not** necessary to bring your child's glucometer, insulin, or syringes. These are provided at camp. Campers using a pump or CGM **do** need to bring their pump/CGM and supplies (including extra batteries). Note that while CGMs are allowed at camp, cell phones and/or transmission of data are NOT allowed. Camp medical staff will rely only on blood glucose checks, even if a CGM is in use. Additionally, we do need you to bring any prescription medications they may be taking. **All medications brought to camp (including over-the-counter) must be in their original container.** Your child's physical exam (done within the last 12 months) and health history form should be completed by your child's primary care physician, NOT their diabetes doctor. Children seen by specialists for other health problems (mental health, GI, etc.) must have documentation from all providers stating the child is approved for camp. ***Parents must complete, sign and return all the required health forms by *Friday, June 7th, 2019*.**

Diabetes Ketoacidosis (DKA)

To ensure a safe and healthy camping experience, it is our policy that a child planning to attend camp must have NO hospitalizations with DKA within 30 days prior to the start of camp. If a camper is admitted to the hospital with DKA prior to camp the fees will be refunded minus a \$25 processing fee. The camp medical director makes the final decision regarding which children are appropriate to attend. For other medical questions regarding care at camp, please contact the diabetes team at Dayton Children's: 641-3487.

Please be sure to read the 'Parent & Camper Information' found under the Camp Ko-Man-She link on our website:

www.diabetesdaytoncamp.com