



## **Hello from Camp McCumber! June 21 – June 27, 2009**

Dear Camper and Family,

We are delighted that you are interested in coming to Camp McCumber this summer, June 21 through 27, 2009! Camp is a lot of fun every year and this year is also going to be a great time with new activities and games. You are receiving a Camp McCumber Camper Application in this package. The fee for attending camp is \$300. This reflects only a portion of the costs of running camp and the many expenses we incur. Lions' Clubs have kept the cost at this level to provide the opportunity for as many campers as possible to attend. Follow these easy steps to complete the application process.

1. Fill out the Camper Application by going through each page and providing the information needed. Be sure to sign everywhere that is requested. Please remember that we require both a parent/guardian **AND** a medical provider to fill out the appropriate medical information forms. **Complete the application and mail by May 26th, 2009** to:

Lion Don Ruble  
Lions Health Foundation  
3303 Hammonton Rd.  
Marysville, CA 95901

2. After we accept your application we will send you a "Welcome to Camp!" letter with more information about what you will need to bring to camp, when your "Check-In" time is, and other helpful details. Read this information and prepare for camp! This should arrive a few weeks prior to camp.
3. Double check that you've got everything before you leave for camp, and then arrive at camp at the Check-In time specified in the Welcome to Camp letter.

### **Fundraiser!**

Well now you've seen how easy it is to sign up for camp. Camp will be fun and educational as it is every year. All that fun and education comes at a cost of course, and we work hard behind the scenes to make camp a reality each year. Costs keep rising, however, so the Lions Health Foundation decided to provide campers with an opportunity to help defray some of the costs. By participating in the Fundraiser, campers gain knowledge about the value of going to camp. The fundraising activity for this year is distributing Papa Murphy coupon cards. Coupon cards are sold for \$5 each and have eight coupons worth a total of over \$40. This is a great way for pizza lovers to save!

To create added incentive for the campers we have **Special Awards** for the top sellers  
(Continued next page).

To the parents or guardian: ***We will deduct \$3.00 from the cost of camping for each card sold. For example, sell 33 cards = \$99 reduction. Sell 100 cards = No cost for camp!!!***

***Note to Parent or Guardian: If your child takes coupon cards to sell and does not return the cards or the money, you will be held responsible!***

Some people join the Fundraiser because it helps manage the costs of camp, others because it improves and expands the activities available at camp, and still others because it is a good learning experience on the value of camp and its costs. But for whatever reason you think is right, that is good enough to join the Fundraiser! Please check the Fundraiser box on the application and help out! The sooner you send in your application the sooner you can start to sell coupons and this will help you win one of the special awards ***and help pay your way to camp!***

If you have any questions after reading the information about camp please feel free to contact me. I am happy to provide any additional information. From all of us at camp – we look forward to seeing you and your child at camp this summer!

Sincerely,

Don Ruble  
Lions Health Foundation  
Ph: 530-742-1759  
Email: [ruble89@gmail.com](mailto:ruble89@gmail.com)

or

Robert L. (Bob) Trueax  
Camp Administrator  
Ph: 530-846-4855  
Email: [rtrueax@wcisp.com](mailto:rtrueax@wcisp.com)

# CAMPER & PARENT/GUARDIAN GENERAL INFORMATION FORM

## Camper Information

Camper's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street)

(Apt.)

(City)

(State)

(Zip)

Phone: (\_\_\_\_) \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

E-mail (optional): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Grade next fall? \_\_\_\_\_ School: \_\_\_\_\_

Attended Camp before? Y \_\_\_ N \_\_\_ Year(s)? \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION:

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Step Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Camper lives with: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Step Parent \_\_\_ Other

(specify) \_\_\_\_\_

Who has full legal custody? \_\_\_\_\_

## EMERGENCY CONTACT NAMES

***IN CASE OF EMERGENCY***, If parent cannot be located, the following person (relative or close friend) should be contacted. This person must have a telephone and be available to pick up the camper. ***They should reside at a different house than the camper.***

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

## TRANSPORTATION INFORMATION AND AUTHORIZATION

Occasionally parents are unable to transport their child to and from camp. We will attempt to put you in contact with another parent in your area as needed. *Completion of this section is optional, but we do have campers who need rides, so please help if you can!*

\_\_\_\_ I would be willing to help transport a camper from my area if needed.

\_\_\_\_ I am in need of assistance transporting my child. (Staff will follow up after your request has been processed. Please be patient.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

## PUBLICITY RELEASE

Camper (name in full) \_\_\_\_\_  
plans to attend camp for diabetic youth at Camp McCumber June 21—June 27, 2009.  
Attendance at camp is considered a publicity release and gives the Lions' Health Foundation the right to use pictures, quotes, etc. in marketing literature and for other Health Foundation purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s) or Guardian(s)

## AGREEMENT TO CAMP RULES

This form must be signed and returned with the application before registration can be completed.

Camp McCumber and the Lions and Lioness Members of District 4-C1 exist to provide a very valuable experience to young persons with diabetes. The program is based on a strong commitment to a valuable, fun learning experience at camp. **PLEASE** read the following rules carefully and sign below. Your signatures below indicate you (camper and parent/guardian) have read the rules, understand them, and agree to observe them.

### **RULES FOR PERSONAL CONDUCT AT CAMP:**

- Campers may not leave camp without the permission of the CAMP DIRECTOR.
- Campers will not destroy either camp or personal property and will be liable for damages.
- Campers will not intentionally physically or emotionally injure another person. This includes improper language (swearing, threatening), fighting and other incidents.
- Campers will not engage in any type of sexual or inappropriate contact.
- Campers will not SMOKE or possess any tobacco or smoking materials.
- Campers will not use or possess ALCOHOL or DRUGS. Prescribed medication must be registered with camp doctor.
- Cell Phones and Stereos are not allowed – personal CD players are ok.
- Campers who are in the PROXIMITY of someone who is breaking one of the above rules may also be dismissed from camp.
- Camper's DIABETES TESTING EQUIPMENT must be used properly and disposed of immediately in the designated area.

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**NOTE: THERE ARE NO EXCEPTIONS TO THE ABOVE RULES, ANY CAMPER WHO DOES NOT FOLLOW THESE RULES: 1) WILL BE PROMPTLY DISMISSED FROM CAMP: 2) MUST HAVE PARENT OR GUARDIAN COME TO CAMP TO PICK THEM UP: 3) CAMP FEES WILL NOT BE REFUNDED: 4) RISKS LOSING THE PRIVILEGE OF RETURNING TO CAMP IN THE FUTURE.**

*Camper also agrees to the "GO" program – upon first trouble incident (swearing, bickering, disobeying, loud music, etc.) camper gets a "G" and we call parents: upon second incident camper gets an "O" and must "GO" HOME. We contact camper's parents and they pick up camper.*

**CAMPER- PLEASE NOTE AND SIGN:** I have read and understand the rules for attending camp and agree to abide by them:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Camper's signature)

**PARENT OR GUARDIAN – PLEASE NOTE AND SIGN:** As Parent or guardian, you are expected to help enforce the rules set by the camp committee

I have read and understand the rules and will help enforce them. I agree to pick up my child from camp early if he/she breaks this contract. I further agree that if I am unable to pick up my child that I have previously arranged to have the following person pick up my child from camp (required if you may not be able to pick up your child):

Pickup Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL INFORMATION

The Lions Health Foundation of 4-C1, a non-profit service organization whose purpose is to provide an educational camping experience to help youth with diabetes, sponsor Camp McCumber for children with diabetes. The cost of seven days at camp is \$300. Camper fees are applied to the expenses associated with the camp facility, medical supplies, food, kitchen staff, and educational and recreational activities. Please make checks payable to: **Lions Health Foundation, District 4-C1** and indicate on the check that it is for the "Diabetic Camp."

## FUNDRAISER INFORMATION

Due to the rising costs of running camp, we now have a Fundraiser, which is distributing Papa Murphy's Take-and-Bake coupon cards. These are popular locally and are easy to distribute. Sell as many as you can since we have **Special Awards** for the top sellers! We also reduce the cost for camp according to the number sold. (See cover letter) We encourage all parents to engage their children in this fundraising activity to help them understand the costs of going to camp. Feel free to contact me early to receive a Fundraiser packet immediately, or check here and one will be sent upon acceptance of your application. ***Please see cover letter concerning Parent's responsibility for these coupons!***

\_\_\_\_\_ I would like to receive a Fundraiser packet for Papa Murphy's!

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## GENERAL PAYMENT INFORMATION

We are asking for a \$50.00 deposit to accompany this application and the remaining \$250 when your child arrives at camp. Your deposit will be returned if your child cannot attend camp (and we are notified in writing by June 1st, 2009), or in the unlikely event that Camp is cancelled.

\_\_\_\_\_ I am enclosing \$\_\_\_\_\_ (Min. \$50.00) deposit and will pay the \$\_\_\_\_\_ balance (Total \$300) when my child arrives at camp. Check # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

***If you cannot afford the full cost of sending your child to camp, fill out the section below and we will find a campership for him/her. Please, also consider having your child participate in the Fund Raising Program.***

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## CAMPERSHIP PAYMENT INFORMATION

The Lions' Health Foundation of District 4-C1 is dedicated to the philosophy that no child is denied access to our camp because of financial reasons. When parents are able to pay, however, it releases money for a child who would not be able to go otherwise. Fill out the information below if you are requesting a campership.

I can contribute \$\_\_\_\_\_ towards the cost of my child going to camp. I have included \$\_\_\_\_\_ (deposit) and will pay \$\_\_\_\_\_ (balance) when my child arrives at camp. I am requesting a Campership for the remaining amount \$\_\_\_\_\_. Check # \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PERMISSION FORM**

Camper's Name: \_\_\_\_\_ Age \_\_\_\_\_

Diabetes onset age: \_\_\_\_\_

Answer each question on a scale of: 1 = Always, to 5 = Never.

	Always.....	.....	.....	.....	Never
My child takes responsibility for his/her diabetes care	1	2	3	4	5
My child adjusts easily to new situations	1	2	3	4	5
My child has fears and/or nightmares	1	2	3	4	5
My child wets the bed	1	2	3	4	5
My child relates well to others	1	2	3	4	5
My child has trouble following rules	1	2	3	4	5
My child has trouble learning	1	2	3	4	5

Any activity restrictions? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any significant changes in your child's life in the past year (i.e.. Move, Divorce, Marriage, Death) or is there any other information that may be helpful? Yes \_\_\_ No \_\_\_

**PARENT/GUARDIAN PERMISSION**

\_\_\_\_\_ (Camper's Name) has my permission to attend Diabetes Camp at Camp McCumber June 21—June 27, 2009. Permission is given to representatives of Lions and Lioness of District 4-C1 to render customary health care including adjustments to insulin and diet, as needed based on the decisions of the medical staff. I understand that any part of my child's medical records may be used for medical care and related purposes. If a needle used by my child sticks anyone at camp, I/we hereby consent to routine blood testing of my child under the direction of the camp physician and authorize such by signing this form. In case of emergency, I authorize the camp medical physician or staff to obtain necessary medical care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Relationship to Camper: \_\_\_\_\_

**Medical Provider (Doctor/Mid Level Practitioner) Form**

(page 1 of 2)

*Please Note:* We **must** receive this completed form, *signed* by the primary medical provider, with the application.

<p><b>Camper's name:</b> _____</p> <p>Age: _____ Age at onset of Diabetes: _____</p> <p>Most recent <b>A1C</b> Value: _____ Date: _____</p>
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**INSULIN TYPES AND DOSING PLAN**

Check if on:

- Injections, or
- Pump

If injections:

1. Which basal insulin (long acting)? \_\_\_\_\_  
What dose? \_\_\_\_\_ What time of day? \_\_\_\_\_
  
2. Which short/rapid acting insulin? \_\_\_\_\_  
Dosing plan:
  - a. Carbohydrate coverage: Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes**, what coverage? : One unit of insulin for \_\_\_\_\_ grams carbohydrate
  
  - b. Blood sugar correction:
    - One unit of insulin for every \_\_\_\_\_mg/dl of glucose,  
Correcting down to a blood glucose level of \_\_\_\_\_
  
    - OR**
    - "Sliding Scale"  
If so, please include the sliding scale on a separate sheet of paper.

If on a pump:

1. Which pump? \_\_\_\_\_
2. Basal rate/rates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Bolusing:
  - a. Carbohydrate ratio: \_\_\_\_\_
  - b. Insulin sensitivity (glucose level correction): \_\_\_\_\_
  - c. Uses a "Wizard" or "Carb Smart" function on the pump:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Gives insulin her/himself? Yes \_\_\_\_\_ No \_\_\_\_\_

Draws up the insulin her/himself? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the blood glucose testing her/himself? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Provider Form Continued**

(page 2 of 2)

Camper's name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

Allergies (medications, bees/wasps, food, etc.)? \_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

	Yes	No	Comments
Hypothyroidism			
Celiac Disease			
Seizure Disorder			
Attention Deficit Disorder			
Asthma			

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications other than Insulin \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Hospitalizations? \_\_\_\_\_

**Vaccinations:**

Date of last tetanus vaccination: \_\_\_\_\_

Date of last MMR: \_\_\_\_\_

Has she/he had chicken pox disease? \_\_\_\_\_ Vaccination (Varicella)? \_\_\_\_\_

Any other information to share?

\_\_\_\_\_  
\_\_\_\_\_

Any activities restrictions?

\_\_\_\_\_

**MEDICAL HEALTH CARE PROVIDER PERMISSION**

I approve Camp McCumber activities for this camper:

Name of Physician/Health Care Provider (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_