



## REGISTRATION PACKET: Camp1 2024 TABLE OF CONTENTS

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## REGISTRATION FORMS CHECKLIST 2024

*The following forms need to be completed and/or on file before your child comes to camp.  
Additional copies of forms can be downloaded at [www.camptype1.org](http://www.camptype1.org)*

Camp1  
2600 Oak Street #347  
St. Charles, IL 60174

### RETURN to Camp1 with Registration Form

\_\_\_\_\_ Camp1 Registration

\_\_\_\_\_ Camp Release Waiver

\_\_\_\_\_ Camper Participant Agreement

### Final Payment due May 15, 2024

### RETURN to Camp1 by May 31, 2024

\_\_\_\_\_ Day Camp Recommendations Form

\_\_\_\_\_ Camp1 Day Camp Intake Form (must be completed by child's Endocrinologist  
within 3 weeks of the start of camp)

\_\_\_\_\_ Photocopy of child's immunization record(s) (no form enclosed)

### BRING to Camp on INTAKE DAY

\_\_\_\_\_ Health Insurance Card

### PARENT INFORMATION (read, do not return)

◇ Camper Packing Guide

◇ Camper Internet and Technology Policy

These forms help us to plan for your child's visit. Incomplete or missing forms slow down the intake process for everyone. Please return all forms before or by the dates indicated above. Thank you.



# Camp 1 Summer 2024 Registration (4 pages)

June 10-14, 2024 \* College of Dupage \* Glen Ellyn, IL

Please complete all 4 pages of the application and return it with \$100 registration fee

## CAMPER CONTACT and INFO 2024

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

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

Second Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

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

**IN EMERGENCY, if parents or guardians cannot be reached:**

**NOTIFY:** \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? If yes, indicate Carrier: \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Prescription Plan \_\_\_\_\_

**YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.**

Name of Subscriber: \_\_\_\_\_ Subscriber's Date of Birth \_\_\_\_\_



Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child have a 504 or IEP at his/her school for any reason other than their diabetes?

Yes No

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us?

If yes, please list important topics: Yes No

Is there anything that you would like us to know about your Camper (homesickness, anxiety, socialization challenges, etc.) to help us be better Leaders and (that we can help to manage in the camp setting?)

Would you like to share any of your Camper's Interests?



Day Camp Sessions: Dates Price per camper \$235 Includes Tshirt and Slingbag

Camp1: Week 1 June 10-14, 2024

Ages 5-14

\*Price includes \$100 registration fee

CAMPER'S NAME:

Age at start of camp: \_\_\_\_\_ Grade in school in Fall 2024; \_\_\_\_\_

Does your camper use an insulin pump? Yes No If yes, what type? \_\_\_\_\_

Does your camper use a Continuous Glucose Monitor (CGM)? Yes No If yes, what brand? \_\_\_\_\_

Is your camper currently planning on using their CGM at camp? Yes No

Is your camper going to be using a cell phone as the CGM Receiver? Yes No If yes, what type? \_\_\_\_\_

If on an insulin pump, please list brand/model: \_\_\_\_\_ Pump serial number: \_\_\_\_\_

If on an insulin pump, when did they begin using this pump? \_\_\_\_\_

Has he/she had any problems with this pump? (If yes, please describe) \_\_\_\_\_

If on an insulin pump, what is their level of independence? \_\_\_\_\_

What was the result and date of your child's last Hemoglobin A1c (HbA1c)? Test: \_\_\_\_\_ Date: \_\_\_\_\_

What rapid acting insulin does your child use? \_\_\_\_\_ Long acting? \_\_\_\_\_

ALL CAMPERS:

Convulsions/Seizures most recent date: \_\_\_\_\_

Does your child require any medication other than insulin? : \_\_\_\_\_

Name of Family Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Endocrinology Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Endocrinologist(if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_



Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

**PAYMENT INFORMATION:** (Check all that apply. Remember to include registration fee in calculations.)

- I have enclosed a check / money order in the amount of \$\_\_\_\_\_ and will pay any balance owed before 5/15/2024. \_\_\_\_\_
- I am paying the entire balance now. \_\_\_\_\_
- I have enclosed the \$100 registration fee and would like to set up a payment plan. (Full payment is due by 5/15/2024).

Number of payments (circle): 1    2    (Full payment is due by May 15, 2024)

Dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_

- I will send my payments by check or money order payable to:
  - Camp1 \* Attn: Registration \* 2600 Oak Street #347 \* St. Charles, IL 60175
- I will make a Zelle payment to CampType1
- I have enclosed the \$100 registration fee. Payment will be coming from a third party (other than a parent/guardian). Please include contact information for the third party:

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

- I have enclosed the \$100 registration fee. I will be applying for financial aid. (Applications are available online now or you can request a paper copy from our office at 630-853-4384). ( Applications **must be submitted by April 22, 2024**).
- Please accept my tax-deductible donation in support of Camp1 Programs for T1D children and families. \_\_\_\_\_



## 2024 CampType1 Participant Liability and Publicity Release Agreement

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_ ("My Child"). My Child desires to participate in CampType1, NFP's ("Camp1") day camp in Glen Ellyn, Illinois from June 10-14, 2024 ("Camp"). In exchange for My Child being permitted to participate in and enjoy the benefits of Camp, on behalf of myself and My Child, I knowingly and voluntarily enter into this Participant Liability and Publicity Release Agreement ("Agreement") and agree to the following:

- 1. Legal Authority.** I have the legal authority to enter into this Agreement on behalf of myself and My Child.
- 2. Assumption of All Risks.** On behalf of myself and My Child, I acknowledge My Child's Camp participation may expose My Child to various risks and dangers, including illness, personal injury, death, and loss of or damage to personal property. ON BEHALF OF MYSELF AND MY CHILD, I ASSUME ALL RISKS ASSOCIATED WITH MY CHILD'S CAMP PARTICIPATION AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN CAMP.
- 3. Publicity Release.** On behalf of myself and My Child, I grant Camp1 a worldwide, sub-licensable, assignable, perpetual, irrevocable, royalty free right (but not the obligation) to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, create derivative works, and otherwise use, and permit others to use, My Child's name, image, likeness, voice, and other personal characteristics and all materials created by or on behalf of Camp1 that incorporate any of the foregoing ("Materials") in all formats and media now known or hereinafter created, for any purpose, including for fundraising, advertising, and other commercial purposes. I acknowledge Camp1 is the owner of the Materials and neither I nor My Child have any right to inspect or approve the Materials or Camp1's use of the Materials.
- 4. Release of Liability.** ON BEHALF OF MYSELF AND MY CHILD, I KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY RELEASE FROM ALL LIABILITY, INCLUDING NEGLIGENCE, WAIVE ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION AGAINST, AND COVENANT NOT TO BRING ANY CLAIM, ACTION, OR CAUSE OF ACTION AGAINST CAMP1 OR ITS DIRECTORS, OFFICERS, VOLUNTEERS, EMPLOYEES, AGENTS, CONTRACTORS, SUCCESSORS, AND/OR ASSIGNS (COLLECTIVELY, "RELEASED PERSONS"), IN ANY WAY RELATED TO: (I) MY CHILD; (II) MY CHILD'S CAMP PARTICIPATION; (III) ANY ACT OR OMISSION, INCLUDING NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR WILLFUL MISCONDUCT) OF ANY RELEASED PERSONS; AND/OR (IV) CAMP1'S EXERCISE OF THE RIGHTS GRANTED TO IT UNDER THIS AGREEMENT.
- 5. Defense, Indemnification, and Hold harmless.** I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PERSONS FROM ALL LOSSES, DAMAGES, LIABILITIES, CLAIMS, ACTIONS, CAUSES OF ACTION, JUDGMENTS, SETTLEMENTS, INTEREST, AWARDS, PENALTIES, FINES, COSTS, AND EXPENSES OF WHATEVER KIND, INCLUDING ATTORNEYS' FEES AND COSTS OF ENFORCING THIS AGREEMENT, IN ANY WAY RELATED TO: (I) MY ACTS OR OMISSIONS, (II) MY CHILD'S ACTS OR OMISSIONS; (III) MY CHILD (IV) MY CHILD'S CAMP PARTICIPATION; (V) CAMP1'S EXERCISE OF THE RIGHTS GRANTED TO IT UNDER THIS AGREEMENT; AND/OR (VI) MY OR MY CHILD'S BREACH OF THIS AGREEMENT.

6. **MEDICAL TREATMENT RELEASE.** I consent to My Child receiving medical treatment deemed necessary by any of the Released Persons if My Child is injured or otherwise requires medical treatment. I am solely responsible for all costs related to such medical treatment and any related medical transportation. ON BEHALF OF MYSELF AND MY CHILD, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PERSONS FROM ANY CLAIMS, ACTIONS, OR CAUSES OF ACTIONS IN ANY WAY RELATED TO SUCH TREATMENT OR OTHER MEDICAL SERVICES.

7. **MISCELLANEOUS.** This Agreement is governed by the laws of the State of Illinois, excluding its choice of law rules. Any claim, action, or cause of action must be brought in the federal or state courts for Kane County, Illinois. If a court finds a provision of this Agreement unenforceable, the rest of this Agreement remains in effect. As to any provision found unenforceable, the provision is not void, but is to be reformed and enforced to the extent permitted by applicable law. I am and will remain liable under this Agreement even if I My Child can disaffirm or void this Agreement as it applies to My Child. This Agreement is binding on me, My Child, and our respective legal guardians, heirs, executors, administrators, legal representatives, successors, and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I UNDERSTAND THAT IF I SIGN BELOW I AM ENTERING INTO A LEGAL AGREEMENT WHICH BINDS ME AND MY CHILD TO THE TERMS OF THIS AGREEMENT. BY SIGNING BELOW I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS ON BEHALF OF MYSELF AND MY CHILD, INCLUDING THE RIGHT TO SUE CAMP1 AND THE OTHER RELEASED PERSONS. ALSO, I AM AGREEING ON BEHALF OF MYSELF AND MY CHILD TO DEFEND, INDEMNIFY, AND HOLD HARMLESS CAMP1 AND THE OTHER RELEASED PERSONS.

Signed by Parent or Legal Guardian:

\_\_\_\_\_

Printed Name of Parent or Legal Guardian:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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





# Camp Participant Agreement 2024

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

*Parents: Please take a moment to review the following agreement with your camper.*

- **Insulin:** I understand that I am not allowed to carry or possess insulin except the insulin that is in my pump, if I use one. If I use an insulin pump, I will not administer insulin to myself and will not change the basal rates unless with an approved adult.
- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselors and group towards creating a group environment that is safe and welcoming for each of us.
- I will work with my counselors and group to set expectations for our group behavior and will adhere to these expectations.
- I understand that doing intentional harm or bullying another camper, either physically or emotionally, is grounds for dismissal from camp.
- I understand that although I may be able to solve some conflicts on my own, my counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
- I will remain with my group or activity group as required.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will leave my cell phone at home understanding that if there is an emergency I should notify a camp staff member.
- I will not bring the following items to camp: laptop computers, iPod Touches, smart watches, handheld gaming devices.
- I will be respectful of the property and personal space of other campers. I will only use my camera in appropriate areas and will only take pictures of those who agree to be photographed. I will not bring any video recording devices to camp.
- I will not possess smoking or vaping materials, lighters, matches, illegal drugs, alcohol or weapons of any kind at camp.

We have read and agree to the above behavior agreement and understand that not following these policies may result in disciplinary actions including dismissal from camp.

Camper's Signature or Rep: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Day Camp Recommendations 2024

At Day Camp, the campers are extremely active throughout the day. In years past, there have been an abundance of low blood sugars causing most campers to sit out from activities more often than participating. We would like to share some recommendations to help prevent your child from going low and to enjoy Day Camp to the fullest.

- ◊ It is important that your camper eat a **good breakfast** every morning before camp.
- ◊ With the increased activity at camp, your camper may need **less insulin** coverage to prevent low blood sugar during or after activities. Please discuss and consider the following recommendations with your Endocrinologist:
  - a. A blood sugar target of **150** for **every meal** during the week of camp/Activity Mode
  - b. Decreasing the **basal** insulin by **10%** for the full 24 hours, starting Monday morning through Saturday morning during the week of camp.

It is important to note, parents **need** to make all insulin changes under the supervision of their child's Endocrinologist.

Please have your child's Endocrinologist as well a parent sign below to show these recommendations have been acknowledged.

ENDOCRINOLOGIST Signature \_\_\_\_\_ DATE \_\_\_\_\_

PARENT Signature \_\_\_\_\_ DATE \_\_\_\_\_



# Camp1 INTAKE FORM – 2024

This form must be filled out by the camper’s Endocrinologist within 3 weeks of the start of camp.

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

YEARS WITH DM: \_\_\_\_\_ SPEC # \_\_\_\_\_

SEIZURES/DKA/OTHER PROBLEMS: \_\_\_\_\_

PARENT CONCERNS: \_\_\_\_\_

SCHEDULED SNACK? \_\_\_\_\_

PERTINENT HEALTH HISTORY: \_\_\_\_\_ A1C \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

### CIRCLE INSULIN DELIVERY METHOD:

PUMP – BRAND: \_\_\_\_\_ CGM – BRAND: \_\_\_\_\_

SYRINGE/PEN – NEEDLE SIZE: \_\_\_\_\_

### CIRCLE INSULIN TYPES:

HUMALOG

NOVOLOG

FIASP

APIDRA

TRESIBA

OTHER

LANTUS TIME OF DAY \_\_\_\_\_

LEVEMIR TIME OF DAY \_\_\_\_\_

BASAGLAR TIME OF DAY \_\_\_\_\_

NPH \_\_\_\_\_ UNITS @ \_\_\_\_\_

### INSULIN SLIDING SCALE TO CORRECT HIGH SUGARS:

BLOOD SUGAR RANGE \_\_\_\_\_ UNITS OF INSULIN \_\_\_\_\_

BLOOD SUGAR RANGE \_\_\_\_\_ UNITS OF INSULIN \_\_\_\_\_

BLOOD SUGAR RANGE \_\_\_\_\_ UNITS OF INSULIN \_\_\_\_\_



Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

TARGET: \_\_\_\_\_  
(IF RANGE, USE HIGHEST AT HOME)

CORRECTION FACTOR: \_\_\_\_\_  
(SENSITIVITY, ISF, INS:GLUCOSE RATIO)

INSULIN CARB RATIOS:

AM: \_\_\_\_\_

LUNCH: \_\_\_\_\_

PM: \_\_\_\_\_

PLEASE PROVIDE PRE-PRINTED OR INSULIN SCALES IF USED AT HOME:

\_\_\_\_\_

OTHER MEDICATIONS (I.E. INHALERS) \_\_\_\_\_

\_\_\_\_\_

ENDOCRINOLOGIST SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME & PHONE OF MD OR STAMP: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REVIEWED AND UPDATED WITH PARENT ON DAY 1 of CAMP1:

NURSE PRINTED: \_\_\_\_\_

NURSE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## CAMPER PACKING GUIDE

Please put camper's name on all belongings in a small bag or backpack for use at the camp program. No money or valuables are to be brought with the camper to the program. Camp1 is not responsible for items lost, destroyed, or left at the program site.

- All campers should bring sturdy tennis shoes AND socks for use during the majority of the day. Flip-flops CAN NOT be worn as everyday footwear.
- All campers should wear their Camp1 shirt each day and bring their Camp1 Slingbag. If the camper would like to bring an additional backpack with supplies that is permitted as well. Please label all items!
- All campers should bring lunch each day in a brown bag with the contents and carb counts clearly marked in Sharpie on the outside of the bag. It is so important for kids to share over a good lunch and exchange ideas! Camp1 will keep the lunches in a cooler but can not guarantee that the lunches will be kept cold.
- All campers should bring a water bottle with water each day! The Camp1 location will have refill water stations.
- Campers should NOT bring: cell phones, candy, gum; knives, axes, and all cutting tools; matches, sparklers, caps, etc.; cigarettes, vapes, valuables and money.



## Camper Internet and Technology Policy

Camp1's mission is to *"build a strong community, boost confidence with cool T1D skills, and spark connections through super fun networking events"*. It has been our experience that electronic devices that allow a camper access to the Internet or allow a camper to watch videos might take away from Camp1 ability to serve campers and, in some cases, prevent campers from having the positive experience that they deserve.

We believe that this policy and practice will:

- ✓ Encourage our campers to socialize with one another
- ✓ Give campers a much-needed break from the world of technology
- ✓ Allow campers to fully embrace the connections they make with other campers
- ✓ Ensure that campers are not exposed to age-inappropriate material

Examples of technology/devices that should **NOT** be brought to camp:

- ✓ Laptop computers
- ✓ iPod Touches or iPods with video
- ✓ Handheld game devices

Cell phones and Smart Watches are welcome with campers as CGMS for Camp.

Camp1 is not responsible for lost or stolen personal items. Therefore, it is recommended that valuables not be brought to camp. We at Camp1 firmly believe that this policy will promote the beauty and experience of camp and help to deepen the important relationships that are able to develop because of the simple fact that all of the campers have or are connected with diabetes.

If you should have any questions, please do not hesitate to contact us at 630-853-4384.



## Camp1 Day Camp Important Dates

Upon online registration, please print and mail these completed Mandatory Forms with \$100 deposit to:

Camp1  
2600 Oak Street #347  
St. Charles, IL 60174

1. Camp Registration
2. Camp Release Waiver
3. Camper Participant Agreement

**April 22nd :**

If you are applying for Financial Aid, be sure your application has been submitted online AND all required documents have been submitted or emailed to [camptype1@hotmail.com](mailto:camptype1@hotmail.com).

**May 15<sup>th</sup>:**

**FINAL PAYMENT is DUE**

**May 31<sup>st</sup>:**

1. Camp1 Day Camp Intake Form (Completed by your Endocrinologist )
2. Day Camp Recommendations
3. Photocopy of immunization