



## 2010 CAMP STIX CAMPER REGISTRATION

### GENERAL INFORMATION

Office Use Only: Application Received On: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at camp \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Nickname (Nikki, Johnny, etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Parent's E-mail Address: \_\_\_\_\_ Primary Parent/Guardian name: \_\_\_\_\_  
Camper's Home Phone Number: \_\_\_\_\_ Other Parent/Guardian name: \_\_\_\_\_  
Cell Phone Number (Mother): \_\_\_\_\_ Cell Phone Number (Father): \_\_\_\_\_  
Other phone numbers or contact information: \_\_\_\_\_  
Is the camper new to Camp STIX?  Yes  No Does the camper have diabetes?  Yes  No  
Person to contact in case of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### GENERAL HEALTH INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Med Allergies: \_\_\_\_\_  
Seasonal Allergies (type): \_\_\_\_\_  
List any medical problems: \_\_\_\_\_  
List any hospitalizations or serious injuries in the past year:  
\_\_\_\_\_

**Camper T-Shirt Size:**  
(Circle)  
**Youth S M L XL**  
**Adult S M L XL XXL XXXL**

### DIABETES INFORMATION

When was the last Hemoglobin A1c performed? \_\_\_\_\_ What was the result? \_\_\_\_\_  
Does camper check their own blood glucose? \_\_\_\_\_ BG checks how often/day? \_\_\_\_\_ Meter (type): \_\_\_\_\_  
What type of help may the camper need with administrating or managing their diabetes? \_\_\_\_\_

What goals would you and your camper like the camper to work on during camp regarding their diabetes care?  
\_\_\_\_\_  
\_\_\_\_\_

Has the camper been hospitalized for diabetic ketoacidosis? \_\_\_\_\_ If so, when? \_\_\_\_\_  
When was the last severe hypoglycemia event/reaction? \_\_\_\_\_ Treatment: \_\_\_\_\_  
What are the camper's signs/symptoms of hypoglycemia? \_\_\_\_\_  
May this camper actively participate in camp activities without limitations?  Yes  No If not, please explain: \_\_\_\_\_

INSULIN INJECTIONS			INSULIN PUMP		
Insulin Brand: _____			Pump Brand: _____	Type of infusion set: _____	
	<u>Type:</u>	<u>Dose:</u>	Infusion set changed how often? _____		
Breakfast	_____	_____	Site changed how often? _____		
	_____	_____	Last site change before camp: _____		
AM Snack	_____	_____	Basal Time: _____	Basal Rate: _____	Insulin Type: _____
Lunch	_____	_____	12AM _____		<b>Meal Bolus Ratio</b>
	_____	_____			(insulin/carb):
Afternoon Snack	_____	_____			1 unit for _____ carbs
Dinner	_____	_____			
	_____	_____			<b>Correction Bolus:</b>
Bedtime	_____	_____			1 unit to decrease bg ___ pts.

**FOOD ISSUES**

Does the camper have a special diet? \_\_\_ Yes \_\_\_ No If yes, what type? \_\_\_\_\_

Please list **food allergies** that the camper has: \_\_\_\_\_

**PARENT CONSENT**

I understand that Camp STIX is a non-profit organization sponsored by Camp STIX Diabetes Programs, Inc. In consideration of my child being allowed to attend Camp STIX, I hereby release and discharge (i.e. absolve from liability and agree not to bring a claim or suit against, either on my own behalf or on my child's behalf) Camp STIX, Camp STIX Diabetes Programs Inc., the counselors, the health services staff, volunteers and any other persons for any injury or harm to my child, whether or not such injury or harm is due to negligence of the foregoing individuals and/or entities.

The health history is correct so far as I know and the camper herein has my permission to participate in all activities except as noted by me and the physician. I give my permission to the camp staff to take my child to the doctor or hospital for an emergency treatment that might be necessary if I am unable to be contacted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FINANCIAL INFORMATION**

We invite our camper families to pay at one of three levels, based on financial ability (please check one):

- \$250** (minimum charge)       **\$340** (1/2 of actual cost of camp)       **\$680** (actual cost of camp)
- I am requesting a scholarship (fill out separate application form, available on website – [www.campstix.org](http://www.campstix.org))
- My \$50 refundable deposit check is enclosed (payable to Camp STIX)
- Please charge my credit card for the refundable \$50 deposit.     MasterCard     VISA

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Zip Code Cardholder: \_\_\_\_\_