



## 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, July 4th-- Sat, July 10<sup>th</sup>, 2021 Day Campers- Tues, July 6<sup>th</sup> and/or Wed, July 7<sup>th</sup>

**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 31<sup>st</sup>, 2021**. 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 14th 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 11th, 2021.

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](http://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](mailto: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 7<sup>th</sup>\_\_\_ July 8<sup>th</sup>\_\_\_ Both days \_\_\_

Insulin(s): \_\_\_\_\_

Pump/CGM? Yes\_\_\_ No\_\_\_ Brand: \_\_\_\_\_

List of Other Medications: \_\_\_\_\_

\_\_\_\_\_ Peanut Allergy? Yes\_\_\_ No\_\_\_ 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. PLEASE NOTE: If your child takes any behavior-type medications, they MUST remain on them prior to and through camp.** 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 12th, 2020.**

### 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](http://www.diabetesdaytoncamp.com)**