

# ***STAR WARS EPISODE X: THE RETURN OF THE CAMPERS!***

A weekend designed for youngsters with type 1 insulin dependent diabetes with the option of bringing a friend or relative of the same sex and age who does not have diabetes. *All campers ages 12-17 are welcome!*

## **Featuring:**

Sports  
Chewbacca's Daring Ropes Course  
Jabba the Hutt's Never Ending Feast  
Nutrition Education  
Medical Discussions  
Divided Empire's Mystery Party

You will stay in cabins with others in your grade level. Counselors will be FCCYD staff, many of whom also have diabetes or volunteered at camp this summer.

They will join you in activities as well as lead informal discussion groups.

## **ARRIVE**

After dinner at 7:30 pm on Friday, January 20. Parents must bring participant to camp and do medical intake with the camp physician.

## **PICKUP**

Sunday morning, January 22 no later than 11:00AM.

**REGISTRATION DEADLINE:  
January 17, 2017**

# **THE FLORIDA DIABETES CAMP AND PI KAPPA ALPHA FRATERNITY**

**PRESENT**

## **TEEN WEEKEND 2017**



A Weekend for Youngsters with Type 1  
Diabetes and Their Friends  
(Ages 12-17)

**Friday, January 20, 2017**

**At 7:30 p.m.**

**To**

**Sunday, January 22, 2017**

**At 10:00 a.m.**

YMCA Camp Winona  
DeLeon Springs, FL

**Sponsored By:**



**Registration is now Open!**

Online registration is available at  
[www.floridadiabetes.org](http://www.floridadiabetes.org)

- 1) In the upper Right Hand Corner, click on "Register for Camp"
- 2) Click on the green Register Online Box
- 3) Enter Parent/Guardian Information and preferred email address. If you registered online for an FCCYD summer camp program please use that email.
- 4) Create Password (or use password from summer camp)
- 5) Select 2017 Camp Session and enter Camper Information
- 6) Select Teen Weekend
- 7) Complete Camper Application
- 8) Additional Information will be emailed to you prior to Camp.

**For a paper application, financial aid, or any other questions regarding the weekend please contact Chris at:**

**Phone: (352) 334-1470**

**Email: [cstakerun@gmail.com](mailto:cstakerun@gmail.com)**

## Renew old friendships!

### Make new friends! Relax and have fun!

A weekend designed for youngsters with insulin dependent diabetes with the option of bringing a friend or relative of the same sex and age **who doesn't have diabetes. Campers must be in ages 12-17.**

The theme for this year's program will be "Star Wars", so plan your weekend "Galactic" wear as we present an out of this world experience.

*The 2017 Teen Weekend will be under the medical direction of:*

**Dr. Janet Silverstein**  
**Pediatric Endocrinologist**  
**University of Florida**

You will stay in cabins with others in your grade level. Counselors will be FCCYD staff, many of whom also have diabetes or volunteered at camp this summer.

They will join you in activities as well as lead informal discussion groups.

## REGISTRATION DEADLINE:

**January 17, 2017**

Registrations will be accepted on a first come first served basis. Priority will be given to newly diagnosed youngsters.

### For more information

Call: (352) 334-1321

Fax: (352) 334-1326

E-mail: [FCCYD@floridadiabetescamp.org](mailto:FCCYD@floridadiabetescamp.org)

Or visit our website:

[www.floridadiabetescamp.org](http://www.floridadiabetescamp.org)

You may also register online at:

<https://floridadiabetes.campintouch.com/ui/forms/application/camper/App>

## Registration Form:

**Registration Deadline January 17, 2017**

Name of child with diabetes: \_\_\_\_\_

Child's home address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Sex: M F School grade: \_\_\_ T-Shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Insulin Type: \_\_\_\_\_

Use insulin pump? \_\_\_\_\_

If yes, Brand \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

### Contact Information for Parents or Guardians:

Mom's Name \_\_\_\_\_

Mom's Work Phone: ( ) \_\_\_\_\_

Mom's Cell Phone: ( ) \_\_\_\_\_

Mom's E-mail Address: \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Work Phone: ( ) \_\_\_\_\_

Dad's Cell Phone: ( ) \_\_\_\_\_

Dad's E-mail Address: \_\_\_\_\_

With whom does child primarily reside: \_\_\_\_\_

### Has child ever been to Florida Diabetes Camp?

Summer Camp \_\_\_\_\_ Year? \_\_\_\_\_

Or weekend programs \_\_\_\_\_

### Optional friend attending:

Name, Sex, Date of Birth, Grade, T-Shirt Size

Friend's Parents names: \_\_\_\_\_

Friend's address, City, State, Zip

Friend's Home Phone: ( ) \_\_\_\_\_

Friend's parents cell phone ( ) \_\_\_\_\_

## Cost:

Fees include lodging at the camp, breakfast, lunch and dinner Saturday and breakfast on Sunday, snacks throughout the weekend, supplies and educational materials.

**\$65 per youngster**

**Limited financial assistance is available. Please download our financial aid form at [www.floridadiabetescamp.org](http://www.floridadiabetescamp.org) or call our camp office for more information. Min. \$25.00 Deposit due w/registration.**

### Total number registering:

\_\_\_\_\_ Youngsters @ \$65.00

Total Amount Due: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**Minimum \$25.00 Deposit due with registration**

**Visa/MasterCard /Discover**

Account# \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Security Number \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

### Please make checks to:

**FCCYD**

**PO Box 14136**

**Gainesville, FL 32604**

I would like to help another child attend. Enclosed is my tax deductible donation of \$ \_\_\_\_\_

**Refund Policy:** Food and lodging must be guaranteed a week in advance. Therefore, there can be no refunds after January 17, 2017