REGISTRATION FORM- T1D Camper + Optional Sibling/Friend

Sam Fuld's USF Diabetes Sports Camp 2019

February 2-3, 2019 – University of South Florida Athletic Fields – Tampa, Florida

Open to Campers Ages 8-17. Register Early - Space is limited!

T1D Camper's Name:	**Birth date:**	**Gender:** ☐F ☐M
School Grade:	**Date Diagnosed:** **Insulin Type(s):**	
Street Address: **City / State / Zip:**		**Home Phone:**
Endocrinologist Name: **Phone Number:**	**Insulin Pump?** ☐Yes ☐No **Brand:**	
Parent/Guardian Name (Mom) : **Work phone:** **Cell phone:** **Email address:** **Does child live with you?** ☐Yes ☐No	**Parent/Guardian Name (Dad):** **Work phone:** **Cell phone:** **Email address:** **Does child live with you?** ☐Yes ☐No	
Has the child ever been to diabetes camp?: ☐Yes ☐No	**How did you hear about this camp?**	
Name of Optional Sibling or Friend:	**Birth date:**	**Gender:** ☐ **F** ☐ **M** **School Grade:**
Street Address: **City / State / Zip:**		**Home Phone:**
Friend's Parent/Guardian Name (Mom) : **Work phone:** **Cell phone:** **Email address:** **Does child live with you?** ☐Yes ☐No	**Friend's Parent/Guardian Name (Dad):** **Work phone:** **Cell phone:** **Email address:** **Does child live with you?** ☐Yes ☐No	

T1D CAMPER	**FRIEND or SIBLING**
Please rank the sports below from 1 to 6. #1 is the sport that you are most interested in playing, #6 is the least.	**Please rank the sports below from 1 to 6. #1 is the sport that you are most interested in playing, #6 is the least.**
___Baseball/Softball (must bring own glove)	**___Baseball/Softball (must bring own glove)**
___Tennis – Will you be bringing your own racket? Y/N: _	**___Tennis – Will you be bringing your own racket? Y/N: _**
___Basketball	**___Basketball**
___Soccer	**___Soccer**
___Football	**___Football**
___Golf	**___Golf**
___Cheerleading	**___Cheerleading**
___Dance	**___Dance**
___Volleyball	**___Volleyball**
What size T-shirt? ___(YM, YL, AS, AM, AL, AXL)	**What size T-shirt?** ___(YM, YL, AS, AM, AL, AXL)

REGISTRATION & PAYMENT- $85 PER CAMPER

Registration fee of $85.00 per camper includes lunch and snacks on Saturday, and snacks on Sunday, a sports camp t-shirt and water bottle. USF Diabetes Center is offering a $10 discount to siblings. Please email, mail or fax this form to Florida Diabetes Camps. **Check:** Payable to FCCYD, PO Box 14136, Gainesville, FL 32604

Total Amount: $	**Credit Card:** ☐MC ☐Visa ☐ Discover If billing address is different than above, please call the office to process.	**Name on Credit Card:**
CC#	**Exp. Date:**	**CCV Code:**

CAMP INTAKE FORM For Camper With Diabetes

Sam Fuld's USF Diabetes Sports Camp 2019

Camper's Name:	**Birth Date:**	**Date of Diagnosis:**	**Latest A1C:**

Insulin Types and Delivery Method- Please check all that apply

☐ Injection/Syringe ☐ Injection/Pen ☐ Pump	☐ Humalog ☐ Novolog ☐ Apidra ☐ Regular	☐ Lantus (Glargine) ☐ Levimer (Detemir) ☐ Tresiba ☐ Basaglar ☐ NPH	☐ 70/30 Novolin ☐ 70/30 Novolog ☐ 70/30 Humulin ☐ 75/25 Humalog

Usual Syringe Dose: AM Lunch PM Bed **Carb ratio:** **Correction Factor:**

Pump Brand: ☐ Animas ☐ Medtronic ☐ Accu-Chek ☐ Omnipod ☐ T-Slim ☐ Other: _____

Sites used: ☐ Arm ☐ Leg ☐ Buttocks ☐ Abdomen ☐ Other _____

Basal Rates		**Carb Ratio**		**Correction Factor**	
Time	**Rate**	**Time**	**Carb Ratio**	**Time**	**Correction Factor**

Hypoglycemia and Blood Sugar Testing

Typical blood sugars for: AM Lunch PM Bed

Average # of hypoglycemic episodes per week? _____ **Can your child tell when his/her blood sugar is low?** _____

Time(s) of Day:
- ☐ Breakfast to lunch
- ☐ Pre-lunch
- ☐ Afternoon
- ☐ Pre-dinner
- ☐ Other: _____

Typical Symptoms:
- ☐ Twitching
- ☐ Nausea
- ☐ Fatigue
- ☐ Intense hunger
- ☐ Headache
- ☐ Dizziness
- ☐ Irritability
- ☐ Shaking
- ☐ Pale
- ☐ Other: _____

Does your child currently wear a Continuous Glucose Monitor?
No: ☐
Yes: ☐ Brand: _____

Hypoglycemia during/after exercise?(Y/N) _____ **If yes, how severe and how soon after?** _____

Medical History

How many diabetes related ER visits in the last 12 months? **List Date(s) and Reason(s):**

Please list any other medical problems:

Date and nature of any operations, hospitalizations or injuries:

Other non-diabetes medications:

Drug Name	**Dose**	**Reason**

Please list any allergies and their symptoms:

Does the camper use an epi-pen? (***If yes, please bring it with you to camp)***

Immunization History: (if you have submitted before, add updates ONLY)					
Vaccine	**Year of Basic Immunization**	**Year of Last Booster**	**Vaccine**	**Year of Basic Immunization**	**Year of Last Booster**
DPT (Diptheria, Pertussis/ Whooping Cough, Tetanus)			Polio		
TD (Tetanus, Diptheria)			Chicken Pox		
MMR (Measles, Mumps, Rubella)			Hepatitis B		
TB Skin Test: Most Recent			Tetanus Shot: Most Recent		

Emergency Information		
Name of family physician:	**Phone:**	
Insurance company name:	**Policy Or Group #:**	
Name of family dentist:	**Phone:**	
Emergency contact name (other than mom/dad):	**Relationship:**	**Home Phone:** **Cell Phone:**

FCCYD EDUCATION FITNESS FRIENDSHIP INDEPENDENCE ©
I CAN HANDLE IT

This packet can be emailed, fax or mailed using the information below. Questions about this form? Please contact Florida Diabetes Camp,

P.O. BOX 14136, Gainesville, FL 32604
Tel: (352) 334-1321 Fax: (352) 334-1326

www.floridadiabetescamp.org

Email: gtc@peds.ufl.edu

USF DIABETES CENTER
UNIVERSITY OF SOUTH FLORIDA

USF HEALTH

SAM FULD'S
USF DIABETES SPORTS CAMP

Sam Fuld's USF Diabetes Sports Camp 2019 Authorizations for T1D CAMPER

This page must be completed and signed by a parent or legal guardian for EACH CAMPER. Print, sign and return with registration application. The application will not be considered complete unless this page is signed, dated and returned to the camp office.

PARENT/GUARDIAN OF ALL PARTICIPANTS MUST SIGN!

IN CASE OF EMERGENCY

I give permission for USF Diabetes Center and/or Florida Diabetes Camp and its personnel to give any medical care necessary for my child and to transport my child to and from Camp and to give her/him any care necessary while in route, and share medical and other relevant information with other care providers.

Medical Treatment:

(Name of camper) _____ has permission to engage in all prescribed camp activities. I hereby give permission to the camp personnel to:

a) Provide ongoing medical care, including regular blood and urine tests for sugar and acetone and make insulin dose adjustments as necessary.
b) Select all medical personnel and order any needed x-rays or routine tests or treatment for the camper listed above.
c) In an emergency the camp medical director may seek to transport my child. The camp medical director may transport, hospitalize, secure treatment for, and order injections, anesthesia and/or surgery for medical or dental problems for the person named above. Every effort will be made to notify the parent.

My child may be transported to and from the Sam Fuld USF Diabetes Sports Camp on February 2-3, 2019 by:

Driver Name	Relationship to Camper	Phone number

NOTE: Once campers reach camp and throughout the weekend, the USF Diabetes Center and/or Florida Diabetes Camp will be responsible for all campers. No campers will be allowed to leave the facility until picked up by their designated driver. **No cell phones are allowed during camp!**

Other permissions:

I give my permission to the USF Diabetes Center and/or Florida Diabetes Camp and the Directors to transport and admit the person named above to a hospital in the event that medical attention is necessary. This medical attention may include tests, x-rays, anesthesia, and/or surgery for medical or dental problems. I understand that the camp will notify me of any emergency as soon as possible. I understand that the USF Diabetes Center and/or Florida Diabetes Camp is not responsible for injury that may result from accidents, illnesses or other causes.

I give my permission for all of my child's records and information to be shared with the USF Diabetes Center, Florida Diabetes Camp, referring physicians, CMS personnel (if applicable), emergency personnel, and other related health care providers as deemed appropriate by camp staff.

Further, I give my permission for any picture/video taken during camp which includes our child to be published by USF Diabetes Center and/or Florida Diabetes Camp and/or the communications media in any way deemed appropriate by the Directors.

By entering my full name (First Middle Last) into the field below, I attest to the accuracy of all information contained in this application and associated materials. I acknowledge that my typewritten name in this field constitutes my electronic signature which is equivalent to my legal handwritten signature.

_____ **Date:** _____ **Printed Name:** _____

Parent/guardian electronic signature (You may also physically sign the form and email, mail, or fax to FCCYD.)

Camp Intake Form FOR CAMPER WITHOUT Diabetes

Sam Fuld's USF Diabetes Sports Camp 2019

Camper's Name:	**Friend or Sibling with Diabetes:**	**Today's Date:**
Street Address: **City / State / Zip:**		**Home Phone:**
Parent/Guardian Name(Mom) : Work phone: Cell phone: Email address:	**Parent/Guardian Name (Dad):** **Work phone:** **Cell phone:** **Email address:**	

Medical History

Please list any medical problems:

Date and nature of any operations, hospitalizations or injuries:

Medications (please bring any needed medications to the camp):

Drug Name	Dose	Reason

Please list any allergies and symptoms:

Does the camper use an epi-pen? (**I*f yes, please bring it with you to camp)***

Immunization History: (if you have submitted before, add updates ONLY)

Vaccine	Year of Basic Immunization	Year of Last Booster	Vaccine	Year of Basic Immunization	Year of Last Booster
DPT (Diptheria, Pertussis/ Whooping Cough, Tetanus)			Polio		
TD (Tetanus, Diptheria)			Chicken Pox		
MMR (Measles, Mumps, Rubella)			Hepatitis B		

TB Skin Test: Most Recent	Tetanus Shot: Most Recent

Emergency Information

Name of family physician:	**Phone:**
Insurance company name:	**Policy Or Group #:**
Name of family dentist:	**Phone:**

Emergency contact name (other than mom/dad):	**Relationship:**	**Home Phone:** **Cell Phone:**

Sam Fuld's USF Diabetes Sports Camp 2019 Authorizations for Sibling or Friend

This page must be completed and signed by a parent or legal guardian for EACH CAMPER. Print, sign and return with registration application. The application will not be considered complete unless this page is signed, witnessed, dated and returned to the camp office.

PARENT/GUARDIAN OF ALL PARTICIPANTS MUST SIGN!

IN CASE OF EMERGENCY

I give permission for USF Diabetes Center and/or Florida Diabetes Camp and its personnel to give any medical care necessary for my child and to transport my child to and from Camp and to give her/him any care necessary while in route, and share medical and other relevant information with other care providers.

Medical Treatment:

(Name of camper) _____ has permission to engage in all prescribed camp activities. I hereby give permission to the camp personnel to:

d) Provide ongoing medical care, including regular blood and urine tests for sugar and acetone and make insulin dose adjustments as necessary.

e) Select all medical personnel and order any needed x-rays or routine tests or treatment for the camper listed above.

f) In an emergency the camp medical director may seek to transport my child. The camp medical director may transport, hospitalize, secure treatment for, and order injections, anesthesia and/or surgery for medical or dental problems for the person named above. Every effort will be made to notify the parent.

My child may be transported to and from the Sam Fuld USF Diabetes Sports Camp on February 2-3, 2019 by:

Driver Name	Relationship to Camper	Phone number

NOTE: Once campers reach camp and throughout the weekend, the USF Diabetes Center and/or Florida Diabetes Camp will be responsible for all campers. No campers will be allowed to leave the facility until picked up by their designated driver. **No cell phones are allowed during camp!**

Other permissions:

I give my permission to the USF Diabetes Center and/or Florida Diabetes Camp and the Directors to transport and admit the person named above to a hospital in the event that medical attention is necessary. This medical attention may include tests, x-rays, anesthesia, and/or surgery for medical or dental problems. I understand that the camp will notify me of any emergency as soon as possible. I understand that the USF Diabetes Center and/or Florida Diabetes Camp is not responsible for injury that may result from accidents, illnesses or other causes.

I give my permission for all of my child's records and information to be shared with the USF Diabetes Center, Florida Diabetes Camp, referring physicians, CMS personnel (if applicable), emergency personnel, and other related health care providers as deemed appropriate by camp staff.

Further, I give my permission for any picture/video taken during camp which includes our child to be published by USF Diabetes Center and/or Florida Diabetes Camp and/or the communications media in any way deemed appropriate by the Directors.

By entering my full name (First Middle Last) into the field below, I attest to the accuracy of all information contained in this application and associated materials. I acknowledge that my typewritten name in this field constitutes my electronic signature which is equivalent to my legal handwritten signature.

_____ **Date:** _____ **Printed Name:** _____

Parent/guardian electronic signature (You may also physically sign the form and email, mail, or fax to FCCYD directly.)