

Camp Sweeney



Application Package 2012

General Enrollment & Registration Information

Enrollment: This is a two part application.

1. **Camper Application:** To enroll complete, sign and return as soon as possible; accepted on a first come, first serve basis. You may send this part of the application first without the medical app.

Applications are accepted until the first day of the session or until the session is full.

2. **Medical Application:** Have your child's diabetes doctor complete and sign. In the case of non-diabetic campers, have your child's pediatrician complete and sign. You may choose to send this second part of the application at a different time than the camper app depending upon your doctor's appointment. We only ask that you return it no later than two weeks before opening day. A new medical app is required each summer, dated no earlier than January 2012.

Registration/Opening Day: 7:00 a.m. to 10:30 a.m. Opening day takes about 90 minutes to complete and includes a one-on-one interview with the medical staff. An optional Parent Seminar is held at 11 a.m.

Contact Info:

Camp Sweeney (940) 665-2011
PO Box 918 (940) 665-9467 fax
Gainesville, TX 76241 info@campsweeney.org

Contact us for a free information DVD to be shipped to you. Or you may go to www.campsweeney.org to view the video online.

The Cost

The cost for a three-week session is **\$2,900** broken into two parts: medical fees \$1330 and camping fees \$1570. Medical fees include laboratory testing and physician consultations. Camping fees include room/board and program fees.

Deposit: A \$500 non-refundable deposit is required for each three-week session you wish to attend. The deposit will be deducted from your balance.

Insurance: Medical fees are collected on behalf of Southwestern Diabetic Physicians Association (SDPA) and may be partially covered by some health insurance companies depending on your individual **out-of-network** plan benefits and deductible.

Financial Assistance is available with proof of income.

Payment: We calculate your out-of-pocket cost by subtracting the *estimated* insurance payment and your eligible financial aid. You have 2 options to pay:

Option 1: **Full Payment** due by **May 4, 2012.**

Option 2: **Payment Plan** balance due by **April 30, 2013.** An automatic monthly (or bi-monthly) payment plan will be set up using Visa, MasterCard, Discover, American Express or e-check.

NEW! Stay Over Weekend

We offer an *optional* stay over weekend for campers who would like to attend two consecutive 3-week sessions. There is an additional fee of **\$250** for this service. This is especially helpful for campers who live a significant distance away from Camp Sweeney. Of course, parents may pick up their campers between sessions if they choose.

Health Insurance

Medical services are provided around-the-clock by attending physicians and staff under the Southwestern Diabetic Physicians Association (SDPA). Some health insurance companies will cover a portion of the cost of medical services depending on your individual out-of-network deductible and benefits plan. Medical insurance is filed under SDPA, an **out-of-network provider**. Unfortunately, HMOs will not cover this expense.

Please fill out the Health Insurance Information portion on the camper application Page 2, Insurance & Aid. Also include a copy of the front and back of your insurance card(s). If you would like us to file your health insurance claim, just check the appropriate box.

Financial Assistance

Applying for financial assistance is easy. Just complete the Financial Assistance portion on the camper application Page 2, Insurance & Aid. Aid is figured on a sliding scale, evaluating the annual household income and the number of members in the household. Financial assistance cannot be considered without proof of income.

Proof of Income Documentation:

1. The first page of your 2011 tax return or W-2(s) or current paycheck stubs
2. Child support court order papers
3. Letter from U.S. government detailing social security income or government support.

Additional Aid: Sometimes the need of the family does not match the income of the family. If you would like to request additional aid, please contact our office for a brief special aid application. You must send in your camper application first before requesting additional aid.

Siblings, Friends & Additional Sessions

We will have a few spots available for non-diabetic siblings, non-diabetic friends, and campers choosing to

come to additional sessions. The fee for these special enrollments will be discounted but there will be no aid given. All children, including non-diabetics, will be required to test blood sugars during the 5 routine tests throughout the day.

Final Checklist

To enroll, send items 1 through 4 as soon as possible because we may fill up quickly. Reservations cannot be made over the phone without a completed Camper Application and deposit.

1. **General Information:** Page 1 of the camper application. Complete and sign by both camper and parents/guardians.
2. **Insurance:** Page 2 of the camper application. Complete and return with a front/back copy of insurance card(s). This is required for all campers.
3. **Financial Assistance:** Page 2 of the camper application. Optional for campers requesting aid. Complete and return with proof of income (see acceptable documentation in the left column of this page). Aid is not available for non-diabetic campers.
4. **\$500 Deposit** for each session you wish to attend. (\$250 payment for Stay Over Weekends)
5. **Medical Application**, pages 1 & 2. All campers are required to submit the medical app. Send or take the medical app to your child's diabetes doctor (or pediatrician for non-diabetic children) to complete and sign, dated no earlier than January 2012. Unsigned medical applications will not be accepted.

Immunization records may be completed by your doctor or a copy of the records may be submitted with the medical application if not already on file with us.

Acceptance to Camp Sweeney is dependent upon receipt and approval of the medical app, which should be received by our office at least 2 weeks before your session starts to ensure that your child's medical needs can be met by our facilities.

Camp Sweeney 2012 Camper Application

Choose your session. A \$500 deposit is required for each session selected, except for Stay-Over Weekends which is \$250.

- FIRST SESSION** \$2900 (Sib \$1570, Fr \$2200) – Sunday, June 3rd to Friday, June 22nd, Ages 5-18
 - STAY-OVER WEEKEND ONE** \$250 – Friday, June 22nd to Sunday, June 24th, Ages 5-18
- SECOND SESSION** \$2900 (Sib \$1570, Fr \$2200) – Sunday, June 24th to Friday, July 13th, Ages 5-18
 - STAY-OVER WEEKEND TWO** \$250 – Friday, July 13th to Sunday, July 15th, Ages 5-18
- THIRD SESSION** \$2900 (Sib \$1570, Fr \$2200) – Sunday, July 15th to Friday, August 3rd, Ages 5-18
- Additional Session \$1330 for: 1st 2nd 3rd

Check here if application is for a Non-Diabetic Sibling (Sib) or Non-Diabetic Friend (Fr)

| | | | | | | | |
|---|--------------|---|---|---|-------------------------|---|--|
| Camper's Full Name: (Last, First MI) | | | | Name preferred to be called | | Tee Shirt Size | |
| Date of Birth | Camper's SSN | Gender | Current Grade in School | Have you attended Camp Sweeney before? <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth L/Adult S <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Other: _____ | |
| Mailing Address | | | | | | | |
| City | State | Zip | County | 4-Digit PIN to be used by camper to access Merit tokens, ex: 1234 | | | |
| Home Phone (please indicate if this is a cell) | | Camper's Email | | | | | |
| Father/Guardian (Last, First MI) | | | Mother/Guardian (Last, First MI) | | | | |
| Father's Mailing Address | | Father's Occupation | | Mother's Mailing Address | | Mother's Occupation | |
| City, State Zip | | Father's Email | | City, State Zip | | Mother's Email | |
| Home Phone | Work Phone | Cell Phone | | Home Phone | Work Phone | Cell Phone | |
| Camper's Diabetes Doctor | | | Camper's Primary Care Physician (PCP), if different | | | | |
| Diabetes Doctor Mailing Address | | | PCP Mailing Address | | | | |
| Diabetes Doctor City, State Zip | | Diabetes Doctor Office Phone | | PCP City, State Zip | | PCP Office Phone | |
| Alternate Contact to contact in case of emergency | | Relationship to Camper (grandparent, aunt, uncle, friend) | | | Alternate Contact Phone | | |
| Does the camper have food allergies, such as gluten or nuts, etc.? If so, please describe: | | | | | | | |

RELEASE of Southwestern Diabetic Foundation, Camp Sweeney, and/or Southwestern Diabetic Physicians Association

I, _____, Camper, and we, _____, parent/guardian, of the above camper, hereby agree to hold harmless the Southwestern Diabetic Foundation, Camp Sweeney and/or Southwestern Diabetic Physicians Association, its agents, servants or employees from any and all liability of whatsoever nature and from injuries, sickness or other damages suffered by us or camper during his/her stay at the Camp Sweeney and/or Southwestern Diabetic Physicians Association facility and by any act or omission of said organizations, their agents, servants, or employees. We the Parents/Guardians give permission for our child to participate in all of the Camp Sweeney program activities on or off the Camp Sweeney property. Many pictures will be taken of all the children who attend Camp Sweeney. In addition, some videotapes, live and recorded internet broadcasts and interviews will be taken during this session. We give the Southwestern Diabetic Foundation, Inc. permission to use the pictures, interviews, live and recorded internet broadcasts, internet pictures and videotapes of our child in any of its publicity campaigns and/or websites. We authorize the medical staff at Southwestern Diabetic Physicians Association to administer or authorize emergency medical treatment in our absence. We understand that every reasonable effort to notify us will be made prior to rendering treatment. We understand that if any medical expenses occur during the course of camp including x-rays, blood tests, medications, and/or emergency room visits the camper's guardians will assume financial responsibility for expenses not covered by the camper's insurance. In addition, both the camper and the camper's guardians agree for the release of any medical information acquired by Southwestern Diabetic Physicians Association to be released to their referring physician and/or insurance company. The camper and the camper's guardians agree that the camper will abide by the behavioral rules and procedures set forth by Camp Sweeney for the safety of all campers and staff. We have read and agree to all the above releases and authorizations with regards to the camper's stay at Camp Sweeney.

Required Father/Guardian Signature: _____ Date: _____

Required Mother/Guardian Signature: _____ Date: _____

Required Camper Signature: _____ Date: _____

| | |
|--|--|
| <p>PAYMENT: <input type="checkbox"/> \$500 Deposit Only <input type="checkbox"/> Full Price of Session(s) marked above</p> <p>By: <input type="checkbox"/> Check <input type="checkbox"/> Visa/MC/Disc/Amex _____ exp _____ <input type="checkbox"/> I choose to go online at www.campsweeney.org to make my deposit/payment.</p> | <p>PAYMENT OF BALANCE OPTIONS</p> <p><input type="checkbox"/> I/We plan to pay off the full balance by May 4, 2012. <input type="checkbox"/> I/We plan to set up an automatic payment plan immediately by credit card or e-check to be paid in full by April 30, 2013.</p> |
|--|--|

Camp Sweeney 2012 Camper Application

Camper's Full Name (Last, First MI) _____

Health Insurance Information - Required for All Campers

A front/back copy of each insurance card is required for us to file an insurance claim for you. If your child is not diabetic or you do not want to file insurance, your insurance information is still needed in case of injury or illness while your child is attending camp. Please make sure your insurance card copy is legible. Your out-of-network benefits information is available at your work's HR department. If you have more than 2 insurances, please attach additional page. Medicaid paper must be current for the months June, July, or August as appropriate for your session.

Check one of the following:

- File with our insurance.
- DO NOT file with our insurance
- We do not have medical insurance coverage
- Non-diabetic: DO NOT file.

| | | | |
|--|--------------------------------|--|--------------------------------|
| Primary Insurance | | Secondary Insurance | |
| Name of Policy Holder (usually parent/guard) | Date of Birth of Policy Holder | Name of Policy Holder (usually parent/guard) | Date of Birth of Policy Holder |
| Complete Mailing Address of Policy Holder | | Complete Mailing Address of Policy Holder | |
| Policy Holder City, State Zip | | Policy Holder City, State Zip | |
| Name of Employer | | Name of Employer | |
| ID or Subscriber Number on Ins. Card | Group Number | ID or Subscriber Number on Ins. Card | Group Number |
| Insurance Address | | Insurance Address | |
| Insurance City, State Zip | | Insurance City, State Zip | |
| Claims & Customer Service Phone | Electronic Claims Payer Number | Claims & Customer Service Phone | Electronic Claims Payer Number |

ASSIGNMENT OF INSURANCE BENEFITS I authorize payment of medical benefits concerning my child to the Southwestern Diabetic Physicians Association for the medical services rendered by the Southwestern Diabetic Physicians Association.

Required Signature of Authorized Person (Guardian): _____ Date: _____

Financial Assistance - For Campers with Diabetes

Check one of the following:

- I/We are requesting financial assistance. COMPLETE THE FOLLOWING SECTION and submit the proper documentation.
- I/We are NOT requesting financial assistance. SKIP THIS SECTION.

| Type of Income: | Acceptable Proof of Income Documentation | Amount of Gross Income Per Year |
|--|--|---------------------------------|
| 1. Earnings/wages from work before deductions | First page of 2011 tax return, 1099(s), W-2(s) from each worker, or current paycheck stub from each worker. | \$ |
| 2. Child support and/or alimony | Court order papers for child support and/or alimony | \$ |
| 3. Social Security, retirement, government support | Letter from US government detailing social security or government support, or 1099(s) | \$ |

Number of people living in the household? _____ Is this child being raised by grandparents? _____

Is this child in the foster care system? _____ If so, please send letter from case worker, verifying child is in foster care system.

CERTIFICATION I certify this information is true and correct and authorize investigation of these facts by any authorized representative of Camp Sweeney.

Required Signature of Authorized Person (Guardian): _____ Date: _____

SEND COMPLETED FORMS TO:

CAMP SWEENEY
ATTN: Applications
PO Box 918
Gainesville TX 76241

or FAX to:
(940) 665-9467

or EMAIL to:
Registrar@CampSweeney.org



You may send in your camper application at any time without your medical application. However, your medical application should be received by our office two weeks prior to opening day.

2012 Medical Application - All Campers

| | |
|--|--------------------------------------|
| THIS BOX FOR OFFICE USE ONLY: CABIN: EMERGENCY CONTACT #: | PRE-REGISTERED BY: REGISTERED BY: |
|--|--------------------------------------|

PLEASE HAVE YOUR DOCTOR COMPLETE THE FOLLOWING:

- Check here if Diabetic – to be completed by endocrinologist or diabetes doctor
- Check here if non-Diabetic – to be completed by Primary Care Physician

Please return med app by:

- Session 1 due May 21st
- Session 2 due June 11th
- Session 3 due July 3rd

Child's Full Name (Last, First MI)

| | | | | |
|---------------|--------|--------|--------|----------------|
| Date of Birth | Gender | Weight | Height | Blood Pressure |
|---------------|--------|--------|--------|----------------|

MEDICAL CONDITIONS (other than Diabetes):

RECENT ILLNESSES that required treatment (please include treatment)

FOOD ALLERGIES, including Celiac/gluten? If yes, please list and include reaction

DRUG ALLERGIES, include reaction

May this child participate in: Strenuous Activity? Yes No Swimming? Yes No Any Limitations? Yes No

MEDICATIONS (not insulin) Prescriptions or over-the-counter medications must be brought in their original containers or will not be accepted.

| NAME | DOSAGE | FREQUENCY | DURATION |
|------|--------|-----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

IMMUNIZATION RECORD

| | | | |
|--|---|--|--|
| <u>Diphtheria-Tetanus</u> Date: _____ Must be within 7 years | <u>Polio Booster</u> Date: _____ | <u>MMR</u> Dose 1 Date: _____ Dose 2 Date: _____ | <u>Hepatitis B</u> Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____ |
|--|---|--|--|

Obtain from primary care physician or from your school records if not already on file with Camp. Make sure Tetanus booster is current.

Physician's Name (Please print) _____ Office Phone _____

Address _____

City _____ State _____ Zip _____

REQUIRED Physician's Signature _____ Date _____

X

2012 Medical Application - Diabetes Information

Child's Full Name (Last, First MI): _____

Date of Diagnosis

Most recent Check-Up Date

Most Recent Hemoglobin A1c
DATE:

VALUE: _____

INSULIN / MEAL PLAN

Please indicate insulin ratios with Carbohydrate:Amount of Insulin (for example 10:1)

Please use the following
Insulin Brand abbreviations
when filing out dosages:

- H Humalog
- V Novolog
- A Apidra
- G Lantus
- D Levemir
- N Humulin N

| | A.M. | NOON | SNACK | 5 P.M. | BEDTIME |
|----------------|------|------|-------|--------|---------|
| INSULIN DOSAGE | | | | | |
| SLIDING SCALE | | | | | |
| GRAMS OF CARB | | | | | |

May we have permission to alter this child's diet & insulin if camp activity necessitates? Yes No

PUMP INFORMATION

Note: Children who are using an insulin pump must bring enough pump supplies to last the entire session.

Does child use an insulin pump? Yes No

Pump Manufacturer

Model

Does child plan to use the pump while at camp? Yes, child plans to use pump No, child plans to go off the pump for camp N/A, child does not have a pump

BASAL RATE. Please list rate as it appears on your pump.

Other Information

SEND COMPLETED FORMS TO:



CAMP SWEENEY
ATTN: Applications
PO Box 918
Gainesville TX 76241

or FAX to:
(940) 665-9467

or EMAIL to:
Registrar@CampSweeney.org

The Following to be completed by SDPA staff at Check-In on First Day of Camp:

Blood Sugar this morning: _____
Insulin dose taken: _____

For PUMP users

Last pump site change: _____
Frequency of pump site changes: _____