

# Camp Sweeney

## Application Package 2012



# Spring Family Weekend

Friday, April 27th to Sunday, April 29th

### Who Can Attend

Children who are diabetic, family members, care givers, and friends are encouraged to enjoy the benefits of Camp Sweeney. Age requirement: 3 years and up.

### The Cost

The cost for the weekend is \$200 per adult and \$150 per child (age 3-17). A \$100 non-refundable deposit is required. Financial assistance is available with proof of income. (See page 2 for payment options and financial assistance information).

### General Enrollment & Registration

To enroll complete, sign and return this application with your deposit as soon as possible. Applications are accepted until Registration day or until the session is full.

**Registration/Check-In :** 4:30 pm to 6:00 pm. We understand that some of you may have to come after work on Friday. If you plan to be later than 6:00 pm, please let us know.

**See Activities & Medical Care/Housing on back.**

## Spring Family Weekend 2012 Application

PLEASE PRINT

Name of Child with Diabetes: (Last, First MI)			Name preferred to be called		Have you attended Camp Sweeney before?	
Date of Birth	Gender	Current Grade in School	Tee Shirt Size*		<input type="checkbox"/> No	
Mailing Address			<input type="checkbox"/> Yes			
Home Phone (please indicate if this is a cell)						
City, State Zip			County	Camper's Email Address		
Father/Guardian (Last, First MI)			Mother/Guardian (Last, First MI)			
Father's Mailing Address			Mother's Mailing Address			
City, State Zip		Father's Email	City, State Zip		Mother's Email	
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Is Father Attending this Weekend?	If so, Tee Shirt Size*	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Is Mother Attending this Weekend?
						If so, Tee Shirt Size*

**On page 2, please list all people - other than the father/mother/guardian listed above - who plan to accompany the child.**

Do any of the campers have food allergies, such as gluten or nuts, etc?  
If so, please tell us who and what food allergy:

### 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 all campers 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: \_\_\_\_\_

## Activities

**Friday** evening activities include a supper with the other camper families, an all-camp swim, and the welcome program.

On **Saturday**, choose four activities from the following:

- Swimming
- Tennis
- Fishing
- Lake activities
- Volleyball
- Arts and Crafts
- Mini Golf
- Soccer
- Challenge Course & Zipline

A Parent Seminar (with a supervised activity for children) will be held mid-afternoon. Nighttime includes another all-camp swim, and our famous Camp Sweeney campfire.

Check-out mid-morning on **Sunday** after breakfast.

## Contact Info

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

## Medical Care and Housing

Parents and guardians are responsible for all medical supplies, medical care, and supervision of their children. There will be some scheduled counselor-supervised activities for the children during adults-only time.

Housing is set up in the dormitory bunk-bed style, according to gender. Women and girls will be in one cabin. Men and boys will be in another cabin. All children under 18 must have an adult of the same gender staying in the same cabin with them. **NO EXCEPTIONS.** If you are single parent and your child is the opposite sex, you should invite a relative or friend who is 18 years or older who can sleep in the same cabin as your child.

## Payment of Balance Options Available:

- Option 1. Full payment due by April 20, 2012.
- Option 2. Automatic Payment Plan, balance due by June 30, 2012, set up using Visa, MasterCard, Discover, American Express, or e-check.

# Spring Family Weekend 2012 Application *continued*

Name of Child with Diabetes: (Last, First MI): \_\_\_\_\_

## People to Accompany Child & Guardians to Camp (Child & Father/Mother/Guardians should be listed on page 1)

Name	Relationship to Camp	Age	Tee Shirt Size*	<b>Tee Shirt Sizes*</b> YS – Youth Small YM – Youth Medium AS – Adult Small AM – Adult Medium AL – Adult Large XL – Adult XL 2X – Adult XXL
Name	Relationship to Camp	Age	Tee Shirt Size*	
Name	Relationship to Camp	Age	Tee Shirt Size*	
Name	Relationship to Camp	Age	Tee Shirt Size*	
Name	Relationship to Camp	Age	Tee Shirt Size*	

## Financial Assistance

**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 <b>2011</b> 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

Adults: \$200 x \_\_\_\_\_ = \_\_\_\_\_  
 Children: \$150 x \_\_\_\_\_ = \_\_\_\_\_  
**Total Tuition** \_\_\_\_\_

**PAYMENT:**  \$100 Deposit Only  Full Price for each person

By:  Check  
 Visa/MC/Disc/Amex \_\_\_\_\_ exp \_\_\_\_\_  
 I choose to go online at [www.campswweeney.org](http://www.campswweeney.org) to make my deposit/payment.

## PAYMENT OF BALANCE OPTIONS

I/We plan to pay off the full balance by April 20, 2012.  
 I/We plan to set up an automatic payment plan immediately by credit card or e-check to be paid in full by June 30, 2012.