

Camper Registration Form
Camp Casey Program: Co-Ed ages 11 - 15

One Week: Saturday July 14 to Saturday July 21, 2007

Total Tuition \$800 + \$50 application processing fee

Please mail payment to: Camp Casey "The Sedona Way"

30 Homestead Road
Sedona, AZ 86336

- I have enclosed a **Check/Money Order** in the amount of \$_____
- To pay by Mastercard/Visa, call (928) 282-6510 during business hours.
- If you would like to set up a payment plan, indicate the date and amount of each payment:
Date_____ Amount_____
- Date_____ Amount_____
- Date_____ Amount_____
- I would like to **donate** \$_____ to support Camp Casey. Enclosed is my separate donation payment.

The \$50 registration fee must accompany completed application to be accepted regardless of financial status!!!

Name: _____ Date Of Birth: _____

Age at Camp: _____ School Grade Completed as of Camp: _____

Is this your child's first time at Camp Casey? Yes No

Living in home: Mother Father Sister(s) Brother(s) Others

Address: _____

City: _____ State: _____ Zip: _____ Home Telephone (____) _____

Which parent/guardian should be contacted first, if needed? _____

Mom/Guardian Name: _____ E-mail _____

Cell Number: (____) _____ Work Number: (____) _____

Employers name and address: _____

City: _____ State: _____ Zip: _____ Phone (____) _____

Dad/Guardian Name: _____ E-mail _____

Cell Number: (____) _____ Work Number: (____) _____

Employers name and address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent/Guardian Address if different during Summer Camp:

City: _____ State: _____ Zip: _____ Phone: (____) _____

If Parent/Guardian cannot be reached in an emergency, please notify:

Name: _____ Relationship: _____

Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about Camp Casey? (Check one)

Former Camper who? _____

Newspaper/magazine: Name? _____

Health Care Provider: Name? _____

Television: Name? _____

Other: _____

He/She makes friends with children: Own Age Younger Older

He/She gets along with others: Easily Fairly Easily With Difficulty

Has he/she ever been away from home without parents? Yes No

Where? _____ How Long? _____

Interests and hobbies: _____

Does he/she have any special issue(s) that the Camp Director/Health Care Team should know about? _____

Does your child participate in Special Education Services? Yes No

For what reason(s)? _____

Parent's Signature: _____ Date: _____

MEDICAL REMINDERS FOR CAMP PREPARATION

- **Pump Users:** Please remember to change your site the day before arrival at camp. We will be changing sites every two days while at camp. Also, please be sure to bring enough pump supplies to change every other day while at camp.
- **To ensure a safe camp, please bring all necessary supplies** to check blood sugars, administer insulin, and treat lows (meters, strips, lancets, insulin, pump supplies, injecting devices, fast acting sugar, glucagons etc.) Please also note, you will be taking this home with you. **We will only collect a copy of 1-week prior to arrival at camp's blood sugar, food intake, and dosing records, and any injecting devices or insulin that we do not have in stock. All other diabetes items we will provide at camp.**
- **Please bring all non-diabetes medication in its original labeled packages** or bottles. We will need to see the prescriber's name, name of medication, and dosing information as it is printed. Thanks in advance.