

**CAMPER'S APPLICATION
TENNESSEE CAMP FOR DIABETIC CHILDREN**

FRONT AND BACK to be filled out **COMPLETELY** by **PARENTS** and returned immediately to **TCDC**.

Campers Attach Photograph

Name of Camper _____
Please print (name called by)

Name of Parent or Guardian _____

Street Address _____ City _____ State _____ Zip _____

Telephone No. _____ Age of Camper _____ Age at _____ Birth Date: _____
At Start of Camp _____ Diagnosis _____

VERY IMPORTANT INFORMATION

<u>T-Shirt Size</u>	<u>Adult</u>	<u>Youth</u>	<u>Name of Insulin(s) Used</u>	<u>If on Pump (Pump Name)</u>
Please Circle	S M L XL	S M L	_____	_____

(PLEASE CHECK) CELIAC DISEASE: YES _____ NO _____

Other medications used (name and dose) _____

Other medical and psychological conditions _____

Name of Child's Primary Care Physician (Please Print) _____

Complete Address _____ Telephone No. _____

Name of Diabetes Doctor (Please Print) _____

Complete Address _____ Telephone No. _____

**[PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD]
[YOUR INSURANCE COVERAGE IS PRIMARY AND TCDC'S COVERAGE IS SECONDARY FOR ALL MEDICAL PROCEDURES]**

I wish to enroll the above-named child as a member of the Tennessee Camp for Diabetic Children for the two week camping period. I understand that participating in TCDC activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participating in these activities is entirely voluntary and requires participants to abide by all applicable rules and standards of conduct established by TCDC. I have carefully considered the risks involved and give consent for the above-named child to participate in all TCDC camp activities. I release TCDC and all employees, volunteers, related parties, or other organizations associated with TCDC, from any and all claims or liability arising out of this participation.

Signature of Parent or Guardian

TWO WEEK SESSION \$800
ONE WEEK SESSION \$400

Return this Application with a minimum down payment of \$100 for each camper which will be NON-REFUNDABLE but will be counted toward the total camping fees. YOUR DOWN PAYMENT MUST BE RECEIVED IN ORDER TO RESERVE A SPOT FOR YOUR CHILD. FULL PAYMENT OF THE CAMP FEE OF \$800/\$400 IS DUE BY MAY 1, 2018.

Make Checks Payable and mail to: Tennessee Camp for Diabetic Children
P.O. Box 1476
Hixson, TN 37343
(423) 843-5006

[] PLEASE SEND INFORMATION ON FINANCIAL AID
[] WE POST CAMP PICTURES ON OUR WEBSITE, IF YOU DO NOT WANT YOUR CHILD'S LIKENESS TO APPEAR ON THE WEBSITE OR IN PUBLICATION, PLEASE CHECK THIS BOX.

*The Tennessee Camp for Diabetic Children is a non-profit organization supported entirely by donations.
Anyone able to do so is invited to send a contribution which is tax deductible.*

