



2012 Weekend Ski Event! Application
 January 4-6, 2013
 Cataloochee Ski Area- Maggie Valley, NC

Please return this application **as soon as possible**. Space for this program is limited and will fill very quickly! Applications must be accompanied by \$50 deposit.

Mail or fax completed application to: Camp Kudzu,
 5885 Glenridge Drive, Suite 160, Atlanta, GA 30328
 or fax 404.250.1812

PLEASE NOTE- THIS WEEKEND EVENT WILL INVOLVE PHYSICAL ACTIVITY IN A COLD ENVIRONMENT.

SECTION A: TEEN INFORMATION

Teen- Last Name	Legal First Name	Name to appear on nametag	
Address/City/State/Zip		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone	Date of birth (mm/dd/yyyy)	County	
School Name	Age during the event	Grade presently	
Has your teen attended summer camp at Camp Kudzu?		Has your teen ever attended a Camp Kudzu Program ?	
I/We prefer to receive Camp Kudzu communication through (check one): <input type="checkbox"/> Email <input type="checkbox"/> US Mail			
Our outfitter will supply skis, poles, helmets, and ski boots while at the ski resort. Campers are responsible for gloves, hats, ski bib (snow suit), jacket, etc. So that we can cut down on some of the time fitting campers with properly sized boots please indicate the true shoe size (i.e. 9 1/2 Wide- Mens) your camper wears below- <p align="center">_____ Shoe Size (indicate half size, if needed) width gender</p>			
How did you hear about Camp Kudzu?			

SECTION B: PARENT/GUARDIAN INFORMATION

Title	Name of First Parent/Guardian living at the same address as above	Relationship to teen	
Home phone	Work phone	Cell phone	
Email address			
Parent/Guardian Employer			
Job Title			
Title	Name of Second Parent/Guardian living at the same address as above	Relationship to teen	
Home phone	Work phone	Cell phone	

Teen Name

SECTION B: PARENT/GUARDIAN INFORMATION, CONTINUED

Email address of second parent/guardian
Parent/Guardian Employer of second parent/guardian
Job Title

If child doesn't live with both parents, please list other parent or guardian name below		Relationship to teen
Home phone	Work phone	Cell phone
Address		Email address
City/State/Zip		

SECTION C: FIRST AND SECOND EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

In Emergency Notify (list someone <u>other</u> than the listed parent/guardians)		Relationship to teen
Work phone	Home phone	Cell phone
City/State/Zip		
In Emergency Notify (list someone other than the listed parent/guardians)		Relationship to teen
Work phone	Home phone	Cell phone
City/State/Zip		

SECTION D: PHYSICIAN & INSURANCE INFORMATION

Endocrinologist Name	Phone
Pediatrician Name	Phone
Insurance Company	Policy/Group Number
Insurance Carrier Phone Number, including area code	
Policy Holder/Subscriber Name	Member ID

Teen Name

SECTION E: TEEN NEEDS

This information will be shared with your teen's counselors and clinicians. Please attach additional paper as needed.

Is there anything we should know about your teen that will make his/her adjustment to camp smoother?

Is your teen able to function at his/her age level: Yes No
Describe:

Does your teen have any serious fears? Yes No
If so, please describe:

List any physical restrictions or activity limitations (e.g., vision or hearing loss, inability to walk long distances, etc):

Has your teen had a significant life event that continues to affect his/her behavior (tough school year, family structure change, family move, history of abuse, birth of a sibling, death of a loved one, traumatic event, adoption, etc.)? If so, please describe:

Share briefly your teen's physical activity level... (on swim team, we hike as a family, enjoys pick-up basketball games on weekends, etc.).

This weekend event is open to all- even those with no experience skiing! Please share with us your teen's experience skiing (we ski every winter as a family, s/he has gone with our faith youth group a couple of times, teen has seen once in his/her life...)

Teen Name

Section F:
Camp Kudzu Teen Information and Consent Form

As parent/guardian of _____ (“Teen”), and as a condition of and as consideration for Teen’s participation with Camp Kudzu, Inc. (“Camp Kudzu”), the parent/legal guardian of each teen is required to sign on behalf of parent/guardian and Teen this consent form (“Consent Form”) in the space provided below indicating acknowledgment and agreement with the following:

1. WAIVER OF LIABILITY. Teen and I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or Teen may have, or which may hereafter accrue to me, as a result of my child’s participation in Camp Kudzu’s activities. This release is intended to discharge in advance Camp Kudzu and all of its agents, representatives, officers, directors, volunteers, employees, successors, and assigns (“Kudzu Personnel”) from any and all liability, losses, claims, costs, expenses and/or damages (collectively, “Liability”) arising out of or connected in any way with my child’s participation in the activities of Camp Kudzu, even though that Liability may arise out of negligence on the part of Kudzu Personnel.

I further understand that Camp Kudzu activities require physical exertion and such activities carry inherent risks, and that participants in such activities may sustain serious personal injuries and/or property damage as a consequence of such participation. Knowing the risks of Camp Kudzu activities, I hereby agree to assume those risks and to release, indemnify, defend, and hold harmless all of the Kudzu Personnel who might otherwise be liable to Teen or to me (or our heirs or assigns) for damages.

I further agree to indemnify, defend, and hold harmless Camp Kudzu and all Kudzu Personnel in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of Teen as a result of Teen’s participation in Camp Kudzu’s activities.

IN NO EVENT SHALL CAMP KUDZU OR KUDZU PERSONNEL BE LIABLE TO TEEN OR ANY INDIVIDUAL OR ENTITY FOR ANY UNFORESEEABLE, INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL OR SPECIAL DAMAGES, INCLUDING WITHOUT LIMITATION, ANY LOSS OF REVENUES OR LOSS OF PROFITS.

2. TEEN PROPERTY. Teen is responsible for all of his/her property, and Camp Kudzu accepts no responsibility for the loss, damage or theft of Teen’s property. Teen will not bring personal sports equipment, pets of any kind or valuables including electronics or personal vehicles to Camp Kudzu. Nor will s/he be in possession of alcohol, other drugs or weapons.

3. CONTACT INFORMATION. You agree to advise Kudzu Personnel where you can be contacted in the event of an emergency. As parent/guardian of Teen, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times.

4. INSURANCE. Camp Kudzu maintains an accident insurance policy on teens attending its programs. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance you maintain.

5. CONSENT TO MEDICAL CARE. In case of medical and/or surgical emergency, you authorize Camp Kudzu’s staff to render to Teen and to arrange for Teen to receive medical care, including but not limited to any X-rays, anesthetic, medical, dental, surgical diagnosis, blood transfusions, treatment and hospital care which is deemed advisable by and is rendered under, the supervision of any physician, dentist, surgeon or other medical provider licensed to practice in the state of Georgia. Camp Kudzu will not be financially responsible for any costs or expenses associated with any medical treatments.

6. CONSENT TO TRANSPORTATION. I authorize Teen to participate in group transportation, including by bus, as arranged by Camp Kudzu Personnel when such transportation will facilitate Teen’s participation in Camp Kudzu events.

7. CAMP RULES. I understand and agree that if Teen fails to comply with Camp Kudzu rules, Camp Kudzu may call me, and Teen may be sent home from Camp Kudzu.

8. PUBLICITY. I understand that during the course of Teen’s participation in Camp Kudzu activities, Teen may have his/her quote, statement, attribution, picture, portrait, photograph, image, or likeness recorded (“Material”), and Teen and I hereby grant to Camp Kudzu and Kudzu Personnel the world-wide, perpetual, and irrevocable right to use Material whether created by Kudzu Personnel or media outlets, in any and all forms and in any and all media, now known or hereafter created, and in all manners, without any restriction as to changes or alterations (including, but not limited to, composite, altered, modified, or distorted representations or derivative works made in any medium) for marketing, advertising, trade, promotion, exhibition, or any other reasonable purposes, and I waive any right to inspect or approve the Material or finished version(s) incorporating the Material, including any written copy that may be created and appear in connection therewith. I acknowledge that the Material may be published, distributed, disseminated, or displayed through electronic means, including, but not limited to, email and Internet websites; however, nothing in this Consent Form requires Camp Kudzu to use or publish any Material.

Teen and I hereby irrevocably and unconditionally assign all right, title, and interest in and to such Material, including, but not limited to, any intellectual property rights in the Material, to Camp Kudzu. I hereby waive any moral rights I may have with respect to any Material, and any claims I may have based on any usage of the Material, including, but not limited to, claims for copyright infringement, right of publicity, public disclosure of private embarrassing facts, invasion of privacy, right of privacy, defamation, or libel. I agree to execute such further documents and instruments as Camp Kudzu may request to effectuate the terms and intentions of this release, and in the event I fail or am unable to execute any such documents or instruments, I agree to subsequently execute and deliver said documents if said documents and instruments are not inconsistent with the terms and conditions of this release.

9. NO WAIVER. No provision of this Consent Form shall be deemed waived and no breach shall be deemed excused unless such waiver or consent shall be in writing and signed by a duly authorized representative of Camp Kudzu. No consent by Camp Kudzu to, or waiver of, a breach by Teen, whether express or implied, shall constitute a consent to, waiver of, or excuse for any different or subsequent breach.

10. PERMISSION. I expressly permit Teen to engage in all prescribed camp activities, except as noted by me in writing and the examining physician.

11. SEVERABILITY. Should any portion of this Consent Form be deemed to be unenforceable or contrary to public policy, the remaining portions of this Consent Form shall survive and be enforceable.

12. COMPLIANCE WITH LAWS. Teen agrees to comply with all applicable federal, state, county and local laws, ordinances, regulations and codes while participating in Camp Kudzu activities.

13. JURISDICTION AND VENUE. This Consent Form shall be governed by, subject to, and construed in all respects in accordance with the laws of the State of Georgia. The parties agree that any lawsuit or other legal claim or action shall be filed in either the Superior Court of Fulton County, Atlanta, Georgia, or in the Federal District Court, Northern District of Georgia.

14. ENTIRE AGREEMENT. This Consent Form contains the entire agreement of the parties and there are no oral or written representations, understandings or agreements between the parties respecting the subject matter hereof that are not fully expressed herein. This Consent Form may be modified only by a written amendment executed by the parties.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Relationship to Teen: _____

SECTION G: HEALTH HISTORY

Allergies – List All Known

Medication Allergies

Describe Reaction and Management of Reaction

Food Allergies

Describe Reaction and Management of Reaction

Other Allergies (insect stings, animal dander, etc)

Describe Reaction and Management of Reaction

Check any Dietary Considerations:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Living with Celiac Disease | |
| <input type="checkbox"/> Other _____ | | |

Medications - Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- My teen takes no medication (except for insulin) on a routine basis
- My teen takes the following medication on a routine basis

1. Medication _____ Dosage _____
Specific times taken each day _____ Reason for Taking _____

2. Medication _____ Dosage _____
Specific times taken each day _____ Reason for Taking _____

3. Medication _____ Dosage _____
Specific times taken each day _____ Reason for Taking _____

4. Medication _____ Dosage _____
Specific times taken each day _____ Reason for Taking _____

Attach additional pages for more medications

General Questions - If yes, please indicate the question number and details in the space provided below

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Had any recent injury or infectious disease? | YES | NO | 18. Ever had high blood pressure? | YES | NO |
| 2. Have a chronic illness other than diabetes? | YES | NO | 19. Ever been diagnosed with a heart murmur? | YES | NO |
| 3. Been hospitalized in the last 18 months? | YES | NO | 20. Ever had back problems? | YES | NO |
| 4. Had surgery in the last 18 months? | YES | NO | 21. Ever had problems with joints? | YES | NO |
| 5. Have frequent headaches? | YES | NO | 22. Have any skin problems? (itching, rash, acne) | YES | NO |
| 6. Ever had a head injury? | YES | NO | 23. Have asthma? | YES | NO |
| 7. Ever been knocked unconscious? | YES | NO | 24. Has mononucleosis in the past 12 months? | YES | NO |
| 8. Wear glasses, contacts, or protective eye wear? | YES | NO | 25. Had the chicken pox? | YES | NO |
| 9. Ever passed out during or after exercise? | YES | NO | 26. Have ADD/ADHD? | YES | NO |
| 10. Ever been dizzy during or after exercise? | YES | NO | 27. Have a history of bedwetting? | YES | NO |
| 11. Ever had seizures? | YES | NO | 28. Menstruated? | YES | NO |
| 12. Ever had chest pain during or after exercise? | YES | NO | 29. Traveled outside the country in the past 9 months? | YES | NO |
| 13. Have a history of recurrent staph infections? | YES | NO | | | |
| 14. Ever had frequent ear infections? | YES | NO | | | |
| 15. Have an orthodontic appliance? | YES | NO | | | |

Please provide further details for any "yes" answers, noting the number of the questions (for instance: #6 bumped head April 2009 on kitchen door)

List dates and nature of serious injuries: _____

Has your teen received any psychological or psychiatric counseling? If yes, please explain: _____

Restrictions

This weekend event is very active by design. We will be indoors and outdoors in a cold environment with a variety of physical requirements to participate in walking to and from vehicles, participating in the ski lesson, and actually skiing.

- I have reviewed the program and activities of Camp Kudzu listed in the activity material and feel that my teen can participate without restrictions.
- I have reviewed the program and activities of Camp Kudzu listed in the activity material and feel that my teen can participate with the following restrictions or adaptations:

Please indicate any further information about your teen's medical, physical or emotional needs that you feel we should know: _____

SECTION H: IMMUNIZATION HISTORY

(FOR TEENS WHO ATTENDED CAMP THE SUMMER OF 2012, WE HAVE IT ON FILE)

Please submit a copy of your teen’s Georgia Department of Human Resources Certificate of Immunization (Form 3231). This form is available from your child’s pediatrician or your child’s school.

Last Tetanus Booster Year: _____

If your teen has not been fully immunized, please contact the Camp Kudzu Medical Director for an immunization waiver.

SECTION I: CAMP ROSTER RELEASE FORM

Camp Kudzu is a special place for children with diabetes to make new friends and to develop a peer support group of children with diabetes. Those friendships can last a lifetime and are an important part of the camp experience. It is for this reason that we compile and mail an address list of teens to all teens and volunteer staff following camp. However, we respect your privacy, and ask that you indicate below if you would / would not like your child’s name and contact information included on this mailing list.

Check one:

Camp Kudzu has permission to include my teen _____ on the camp roster that will be compiled following camp. I understand that the name of my teen as well as her address and phone number will be included on the list that will be mailed to all teens and volunteer staff following camp.

I do NOT want my teen’s name and contact information to appear on the camp roster.

Parent/Guardian Signature

Date

Teen’s Name (please print)

SECTION J: DIABETES INFORMATION

Teen Name		
Date diabetes diagnosed (mm/yyyy)	Most recent HbA1C Result and Date	
History of ketoacidosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of episodes this year?	
Number of diabetes related hospitalizations this past year	Reasons	
History of hypoglycemia requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
History of seizures with hypoglycemia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of episodes in the past year?	Time of Day?

Injections

Insulin type (check all that apply)	
<input type="checkbox"/> NPH <input type="checkbox"/> Lantus (Glargine) <input type="checkbox"/> Levemir (Detemir) <input type="checkbox"/> 70/30 mix <input type="checkbox"/> other _____ <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Apidra	
Insulin Brand (please check)	Do you use an insulin pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lilly <input type="checkbox"/> Novo Nordisk <input type="checkbox"/> Sanofi Aventis	

Pump

Brand/Model Number	Serial Number	Insulin Type

Does the Teen? (check all that apply)

<input type="checkbox"/> Draw up insulin <input type="checkbox"/> Rotate injection site <input type="checkbox"/> Give own injections <input type="checkbox"/> Count carbohydrates <input type="checkbox"/> Test blood sugar <input type="checkbox"/> Test ketones <input type="checkbox"/> Change pump site <input type="checkbox"/> Recognize own Low Blood sugar <input type="checkbox"/> Recognize own High Blood sugar	New skills teen wants to learn:

SECTION K: PARENT/GUARDIAN AUTHORIZATION

The Teen Information and Health History is correct and complete as far as I know. The person herein described has permission to engage in both the physical and educational activities of camp except as noted in the restriction area on page 7.

Teen Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

SECTION L: SIGNED HEALTH EXAM

(FOR TEENS WHO ATTENDED CAMP THE SUMMER OF 2012, WE HAVE IT ON FILE)

This portion to be completed by a licensed health care provider (endocrinologist, pediatrician, nurse practitioner or physician assistant).

I examined the above named teen on _____ (date).

Please check all that apply:

- In my opinion the teen is physically and emotionally able to participate in an active camp program with *no restrictions or modifications*.
- In my opinion the teen is physically and emotionally able to participate in an active camp program *with the following modifications or restrictions:* _____

- The applicant is being treated for the following condition(s) other than diabetes: _____

Physician's full name (printed): _____

Address: _____

Physician's signature: _____ Date: _____

If completed by nurse practitioner or PA please sign and date:

Authorized Signature: _____ Date: _____

Return all Forms (pages 1-10) to:

Camp Kudzu
5885 Glenridge Drive, Suite 160
Atlanta, GA 30328
FAX 404.250.1812



Winter Ski Event! Payment Form

Camp fees are \$300 per camper (which includes the \$50 non-refundable deposit). The full \$300 must be submitted by December 15, 2012. If you need to apply for a scholarship a \$50 non-refundable deposit will be required with the scholarship application December 15, 2012. Please call us if you need to discuss your present financial situation. We will work with you!

Donations: The actual cost for those participating in our weekend's wonderful activities and programs is over \$475 per camper. Our ability to keep the payment below our cost is completely contingent upon donations from parents and the community. It is through the generosity of many kind parents, individuals, businesses and foundations that Camp Kudzu is a reality.

Camp Kudzu is an independent not-for-profit organization that doesn't receive funds from any other diabetes organization and is not affiliated with any other diabetes organization. We ask that each family consider making a donation above the \$300 program fee. Your donation is tax-deductible, as allowed by law, and we will send you an appropriate receipt.

Camp Fee Payment is due by December 15, 2012.

Camper's Name: _____

- I have enclosed is the Winter Ski Event! payment of \$300, which includes the \$50 deposit in the form of a check or money order.
- Please charge the Winter Ski Event! payment of \$300, which includes the \$50 deposit, to my credit card as detailed below.
- We request a scholarship, have completed the scholarship form, and have enclosed the \$50 non-refundable deposit.
- Please accept the enclosed donation of \$_____for scholarships and continued programming!

When charging to your credit card, please provide the following information:

Name as it appears on the front of the card _____

Card number (please include all numbers) _____

Security code (three digits on the back for MC or VISA or four digits on the front of AMEX) _____

Expiration Date (month/year) _____ Billing zip code _____

Total (fee + donation) _____

(The \$50 deposit camp fee is non-refundable)
Refunds: Campers withdrawing from the weekend retreat on or prior to December 15, 2012 will receive a full refund, less the \$50 non-refundable deposit.
Campers withdrawing from the weekend retreat after December 16, 2012 will not receive a refund.

Camp Kudzu
 Winter Ski Event! January 2013
 Scholarship Application



Camp Kudzu wants to ensure that children and their families have the opportunity to experience Camp Kudzu's programs regardless of their financial resources. Scholarships are based on financial need. If you need financial assistance, please complete this form in its entirety. Attach additional pages as necessary. **All information provided is confidential.** The completed scholarship application, \$50 non-refundable deposit, and Winter Ski Event! application are due **now**. Final payment, if any, is due by **December 15th**. If you have any questions, please call us at 404.250.1811.

Return completed form to Camp Kudzu, 5885 Glenridge Drive, Suite 160 Atlanta, GA 30328 or fax to 404.250.1812.

Camper Name			
Parent/Guardian #1		Parent/Guardian #2	
Address			Best Contact Phone Number
City	State	Zip	County
Parent/Guardian #1 Employer and Job Title			
Parent/Guardian #2 Employer and Job Title			
Number of Siblings		Ages of Siblings	
Average Monthly Income (before taxes) of household		Number of Members in Household	

Special Circumstances: _____

- We are requesting:
- A partial scholarship of \$_____ (Insert amount of need)
 - A half scholarship of \$ 125
 - A full scholarship for Camp Kudzu's Winter Ski Event! of \$250

I attest that all of the information I have provided above is true.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: <input type="checkbox"/> Partial Scholarship Granted – Amount \$ _____ <input type="checkbox"/> A half scholarship of \$125 awarded <input type="checkbox"/> Full Scholarship Granted <input type="checkbox"/> Scholarship not awarded
