RESERVATION FORM: PLEASE PRINT

| Mother/Guardian Name: Ms., | /Mrs. | |
|---|----------------|--------------------|
| Mother/Guardian Address | | |
| City | ST | Zip |
| Home Phone/Area Code | | |
| Cell Phone | | |
| Email | | |
| Employer | | |
| Work Ph/Area Code | | |
| Father/Guardian Name: Mr. | | |
| Father/Guardian Address (if di | fferent than M | Nother's) |
| City | ST | Zip |
| Home Phone/Area Code | | |
| Cell Phone | | |
| Email | | |
| Employer | | |
| Work Ph/Area Code | | |
| Are you or your child currentl | y an ADA | Member? 🗆 Yes 🗅 No |
| If Yes, list Member #: (member # found on Diabetes Forecast le | | |
| Child's Name (first, last) | | |
| Child's Address (if different than po | arent) | |
| | ST | Zip |
| Home Phone/Area Code (if different than parent) | | |
| Child's County of Residence | | |

| Child's Date of Birth (month/date/year) | | |
|--|--|--|
| Fall '10 Grade Level Age on Camp date | | |
| Gender □ Male □ Female | | |
| Ethnicity | | |
| School Name | | |
| Type of Diabetes | | |
| Date of Diagnosis | | |
| Diabetes Physician's Name (1st & Lost) | | |
| Diabetes Physician's Address | | |
| CityST Zip | | |
| Session Choice | | |
| Mail Information to the following address: (check one) Mother's/Guardian Father's/Guardian | | |
| I would like to receive a Financial Aid Application in addition to the Camp Application. | | |
| A reservation for your child will only be held if the non-refundable deposit of \$25 is enclosed with this form. | | |
| I agree to pay both the non-refundable deposit and the Camp Fee for a total of \$150 by June 1, 2010 unless financial aid is awarded. Enclosed is my non-refundable deposit of \$25. | | |
| Signature of Parent or Guardian | | |
| Send check or money order payable to: American Diabetes Association 5100 Gamble Drive, Suite 394, Minneapolis, MN 55416. | | |
| For Office Use Only: Amount Enclosed \$ Amount Due \$ | | |
| Keep your eyes open for your Camp Application! | | |

WE'RE HERE FOR YOU!

Camp is one part of our commitment to families of children with diabetes. The American Diabetes Association involves families year-round through Family Link.

To learn more, visit: www.diabetes.org/families or www.diabetes.org/planetD

HOW ADA MAKES CAMP POSSIBLE

Throughout the year, the Association raises funds through donations and local fundraising events. The generosity of donors allows the Association to offer every camper nationwide a significant reduction in Camp fees.

You can help support the American Diabetes Association's Camp program by donating to the Association or participating in one of our local fundraising events. Visit www.diabetes.org to learn more or call 1-888-DIABETES to get involved locally.

SPECIAL THANKS TO

Camp Sioux is made possible in part by:

United Way

Abate of North Dakota

Bikers United

Kiwanis Club of Grand Forks

Myra Foundation

Tom and Frances Leach Foundation

F-M Cosmopolitan Club

First Security Bank

Grand Aerie Fraternal

Order of Eagles Moorhead Rotary

Wal-Mart

Choice Financial

Life Care Medical Center Gift Shop

Center Gitt Shop Kohl's

R.D. Offutt Company



QUESTIONS? CONTACT

Becky Barnett

American Diabetes Association

E-mail: rbarnett@diabetes.org

Phone: 888-DIABETES x 6596 or 763-593-5333 x 6596







Camp Sioux • Park River, ND

Session 1: June 6 - June 11, 2010 Session 2: June 13 - June 18, 2010 Held at Park River Bible Camp

diabetes.org/adacampsioux

OUR CAMPERS

- Explore the great outdoors and enjoy traditional camp activities
- Discover new things about yourself and how you can manage diabetes.
- Connect with other kids and adults living with diabetes.
- Have fun at summer camp—just like any kid!

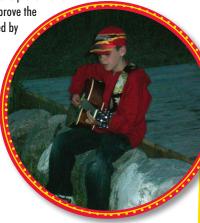
PARENTS KNOW THEIR KIDS ARE

- Surrounded by health professionals with diabetes expertise who provide continuous medical supervision.
- Interacting with counselors who have diabetes and serve as positive role models.
- Learning to balance nutrition, physical activity and diabetes care.
- Meeting friends who understand what it's like to be a kid with diabetes.
- · Gaining confidence, discovering new skills and learning respect for nature, themselves and others.

THE AMERICAN DIABETES ASSOCIATION'S CAMP PROGRAM

The American Diabetes Association (ADA) is proud to be the leading provider of Diabetes Camps and serve as a financial supporter for other diabetes camps across the country. Through these efforts, the Association serves more than 10,000 children with diabetes each year.

The mission of the ADA is to prevent and cure diabetes, and to improve the lives of all people affected by diabetes. ADA Diabetes Camps fulfill a bia part of our mission leaving a long-term, positive impact on children's lives — and families.



ACTIVITIES

- Swimming Fishing
- Basketball
- Hiking
- Arts & Crafts Closing Night

Dance

- Canoeing Volleyball
- Archery
- Ropes Course
- Soccer

WHERE:

Campfire

ABOUT ADA CAMP SIOUX

Camp Sioux is held at Park River Bible Camp which is accredited by the American Camp Association. Facilities include a: 24 hour health center, dining hall, crafts barn, sand volleyball courts, batting cages and a pool with a 220' waterslide.

Session 1: June 6-11, 2010 WHEN: Session 2: June 13-18, 2010

Park River Bible Camp

106 Solid Rock Circle

Park River, ND 58270

AGE RANGE: 8-15 years

\$25 COST: Non-refundable Deposit Remaining Camp Fee \$125

Total Cost \$150

The Camp fee includes 24-hour medical supervision, meals and snacks, housing, supervised program activities, most diabetes supplies and American Diabetes Association Camp T-shirt.

L.D.P. FOR 15 YEAR OLDS

The Leadership Development Program (LDP) is a one-week campina program for 15 year olds where they develop confidence and leadership skills. LDP's will spend time as a group doing traditional camp programs as well as team building and leadership activities in order to help transition from camper to a future staff position.

C.I.T. FOR 16-17 YEAR OLDS

Counselor-In-Training program is for 16-17 year olds. To apply for the CIT program contact Becky Barnett at rbarnett@diabetes.org or 763-593-5333 ext. 6596.

REFUNDS

Refunds are only available for campers who cancel in writing at least 60 days prior to the first day of Camp, or for campers who suffer illness or tragedy. The deposit will not be refunded. Complete refund information will be provided when you register for Camp.



CARE AT CAMP

The true cost

for a camper to attend is

\$1000, but families pay only

\$150 per camper.

Need help paying for camp?

excluding non-refundable

deposit.

Our first priority is the physical and medical safety of your child while they enjoy a traditional camp experience. It is not perfecting blood sugar management. Our staff includes:

- Physicians, nurses, and other health care providers who provide round-the-clock medical supervision.
- Registered dietitians who plan meals and snacks, and manage all special dietary needs.
 - Program staff trained to deliver fun, safe, and supervised recreational activities and sports.
 - Counselors trained to recognize specific diabetes care needs and help kids adapt to the Camp environment.

Financial assistance is available, The American Diabetes Association makes every attempt to accommodate medical and/or emotional needs of campers. However, if we cannot meet your child's needs, the American Diabetes Association reserves

the right to deny admission to Camp and we will refund vour deposit.



APPLYING FOR CAMP IS QUICK AND EASY!

Completed applications are reviewed on a first come, first served basis. Incomplete applications or those without deposits will be returned. If you do not hear back in a few weeks, contact Becky Barnett at 763-593-5333 x 6596 or Carol Holten at 763-593-5333 x 6593.

APPLY ONLINE

- Step 1: Visit www.diabetes.org/adacampsioux and click on "Register for Camp".
- Step 2: Complete the online application. Pay your non-refundable deposit or total camp fee online if you choose. Download and print the Supplemental Camp Application Forms before leaving the site.
- Step 3: Send via U.S. Postal Mail to American Diabetes Association. 5100 Gamble Drive, Suite 394, Minneapolis, MN 55416.
 - ☐ A check or money order for the non-refundable deposit or total camp fee if not paid online. Completed Supplemental Camp Application Forms.
- Step 4: Watch the mail for an information packet from your local American Diabetes Association. This application and payment reserves a spot for your child.

APPLY OFFLINE

To begin the offline application process:

- Step 1: Mail the completed Reservation Form in this brochure with the non-refundable deposit of \$25 to Camp Sioux, American Diabetes Association, 5100 Gamble Drive, Suite 394, Minneapolis, MN 55416.
- Step 2: Within a few weeks, you will receive a Camp Application
- Step 3: Complete and mail this Camp Application by 5/21/2010 with the remaining fee by 6/1/2010.

Due to limited space, it's important to mail your complete Camp Application and payments due as soon as possible.