CAPE FEAR VALLEY
KIDS with DIABETES
101 Robeson Street, Suite 410
Fayetteville, NC 28301
Tel. 910-615-1885
Fax 910-321-6254

Office Only: Date Received: _____ Payment Received: _____
Camp Fee ☐Early Registration ($250) ☐Late Registration ($300)
Group Name: _____ Counselor: _____ Room: _____

Diabetes Camp 2023

Thursday June 22nd – Sunday June 25th, 23023WHO CAN ATTEND: Kids with diabetes ages 6-18

CAMP LOCATION: Camp Rockfish at 226 Camp Rockfish Rd, Parkton NC 28371.
DROP OFF: 6 pm on Thursday June 22nd
PICK UP: 12 pm on Sunday June 25th **(There will be a charge of $1.00 for every minute late)**
CAMP FEE: Early registration prior to Friday May 19th 2023 **$250**
Late Registration May 22nd – Friday June 1st 2023 **$300**

HOW TO SIGN UP
There are two ways to sign your camper up:

1. Complete the Camp Application Form below and return it to our office in person, by mail, or fax.
   - Our address is: 101 Robeson Street, Suite 410 Fayetteville, NC 28301
   - Our fax is 910-321-6254
2. Submit Online Application at SweetKidsWithDiabetes.com/diabetescamp

All applications due by June 1st, 2023. Registration may close early if we reach capacity so sign up early!
We will not accept applications turned in after Friday, June 1st. *NO EXCEPTIONS WILL BE MADE!*

Camp Application Form

Camper's Name (last, first): _____

Camper's Date of Birth and Age at Start of Camp: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. List any allergies and symptoms to medications or foods of allergic reaction(s)?

2. Please specify medications, for ***other*** than diabetes:

Medication Name	Time Given	Dose	Reason for Taking

3. Does the child have any conditions, medical or otherwise, other than diabetes? Please explain below:

   _____

   _____

   _____

4. Is the child a new camper (circle one)? Yes No

5. Child's Primary Provider: _____ Diabetes Doctor: _____

6. Social Worker &/or Psychologist, or other relevant provider: _____

7. Health History to be completed by Parent/Guardian. Attach additional pages if necessary.

	Yes	No			Yes	No
ADHD				**Hearing Disorder**		
Allergies				**Hypertension**		
Asthma				**Neuromuscular Disorder**		
Autism				**Orthopedic Condition**		
Cardiac				**Respiratory Illness**		
Celiac				**Seizure Disorder**		
Diabetes				**Thyroid Disorder**		
Skin Disorder				**Vision Disorder**		
Gastrointestinal						

8. We **must** have phone numbers where parents/guardians can be reached for the entire camp session. We must also have the phone number of a relative/friend who can be reached if parents/guardians are unavailable.

   a. Parent or Guardian Name: _____

   Contact Number: _____

   Contact Email: _____

   b. Friend or Relative Name: _____

   Contact Number: _____

   Contact Email: _____

9. Who will pick up your child at the end of camp & what is their relationship to the camper?

   Name: _____

   Relationship: _____

   Phone: _____

To be completed by Provider:
Child's Name & Date of Birth: _____

Report of Physical Examination (circle one): Yes No

Height: _____ Weight: _____ BMI: _____ Pulse: _____ Blood Pressure: _____

System	Normal	Abnormal	Did Not Examine	Comments
Hair/Scalp				
Skin				
Eyes/Vision				
Ears/Hearing				
Nose & Throat				
Teeth & Gingiva				
Lymph Glands				
Heart – Murmur, etc				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine				

Diabetes Medications:
Long Acting Insulin Type: _____ Given (circle one): am pm Dose: _____

Rapid Acting Insulin Type: _____

Insulin Pump? (circle one) Medtronic OmniPod T-Slim

Carbohydrate Dose

☐ Use a Carbohydrate Ratio
Meals: 1 unit per _____ grams
Snacks: 1 unit per _____ grams

☐ Use a Fixed Dose
Breakfast _____units
Lunch _____units
Dinner _____units
Snacks _____units

Correction Dose

☐ Use Insulin Correction Factor
1 unit for ea. _____>_____ mg/dl

☐ Use sliding scale
150-199 give ___ units 350-399 give ___ units
200-249 give ___ units 400-449 give ___ units
250-299 give ___ units 450-499 give ___ units
300-349 give ___ units ≥ 500 give ___ units

For Pumps Only
Basal Rates

Time	Units/Hour

Metformin Dose and Frequency: _____

Other Diabetes Medication Name, Dose, Frequency: _____

Date of Examination: _____ Signature of Examiner: _____

Print Name of Examiner: _____

Address: _____

Phone: _____ Fax: _____

DIABETES CAMP 2023 COVID-19 LIABILITY WAIVER

I acknowledge the contagious nature of the COVID-19 virus and acknowledge that the Cape Fear Valley Kids with Diabetes and Camp Rockfish adheres to the CDC COVID-19 guidelines.

I acknowledge that:

- My child is not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat or new loss of taste or smell.
- My child has not traveled internationally within the last 14 days.
- My child has not traveled to a highly impacted area within the United States in the last 14 days.
- I do not believe my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.
- My child has not been diagnosed with COVID-19 by state or local public health authorities within the previous 4 weeks.

I hereby release and agree to hold the Cape Fear Valley Health System and Camp Rockfish, vendors, employees and volunteers harmless from any causes of actions, claims, demands, damages, costs, expenses and compensation for damage to myself or my child/children should exposure to COVID-19 or contraction of COVID-19 be confirmed. I fully understand that this release discharges the aforementioned from any liability with respect to illness, bodily injury, death, or medical treatment that may arise from, or in connection to my participation as described above.

Printed Name: _____

Signature: _____

Date: _____

CAPE FEAR VALLEY HEALTH

Consent, Authorization, and Release Form

I, _____, hereby authorize Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Health System ("Cape Fear Valley") its employees, agents or authorized representatives to photograph and record me to use the photograph(s) and recordings of me and/or my likeness in Cape Fear Valley promotional material, multimedia (such as television, press or internet), film, video, and/or digital images.

I authorize Cape Fear Valley to use, reproduce, publish, transmit, distribute and display said photograph(s) and/or my likeness in any Cape Fear Valley publication, multimedia production, film, video, CD-ROM, DVD, display, illustration, advertisement, website, or other material for promotional purposes.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Cape Fear Valley.

I also hereby agree to release, defend and hold harmless Cape Fear Valley, its employees, agents, officers, trustees or authorized representatives from any and all claims, damages, liability or causes of action that I may have of whatever nature, actions, and causes of liability, damages, costs, and loss of services. This release includes in any manner any damages resulting from the use of the photograph, recording, and/or my likeness, including but not limited to, any claims for defamation or invasion of privacy.

By signing below, I am indicating that I am of legal age, have read and fully understand this "Consent, Authorization, and Release Form," and I consent voluntarily.

Signature: _____ Date: _____ Time: _____

Name (Please print): _____

Witness Signature: _____ Date: _____ Time: _____

Witness Name (Please print): _____

ADVENTURE WAIVER - Retreats

Rockfish Camp & Retreat Center

PARTICIPATION ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Camp Rockfish, and its chartering organization, NC United Methodist Camp & Retreat Ministries, INC., and each of their respective agents, employees, officers, directors, trustees, affiliates, representatives, independent contractors, volunteers (including consulting physicians), and any and all other persons or entities acting under their direction and control associated with them (collectively referred to as "ROCKFISH"), participant (and parent or guardian of a participant) acknowledges and agrees as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I understand that participant and/or parents share the responsibility for participant's safety, for managing the risks and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required ROCKFISH application and medical forms and have reviewed all ROCKFISH program information provided to me. I agree to obey all ROCKFISH rules, regulations, and policies. I have no mental or physical problems or limitations that might affect my ability to participate that have not been disclosed to ROCKFISH in writing, I had the opportunity to ask question about the program activities and the risks of the program in which I will participate.

I understand and acknowledge that the program(s) in which I will participate has risks and it is impossible to anticipate every activity in which I will engage. The activities will depend on the program but may be physically strenuous. These activities may be instructional, educational, or adventurous and may include but are not limited to: hiking, archery, BB guns, skate park, camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, zip lines and other such activities); physical problem-solving activities; rock, wall or tower climbing; rappelling; water activities including rafting, canoeing, kayaking, or swimming; vehicle travel, and rescue scenarios (real or simulated). I understand that I may engage in other activities not listed above. Activities may take place in North Carolina or other parts the United States. Participants may also be in urban or other areas with exposure to individuals who are not under ROCKFISH's supervisions or control. The planned program may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions.

It is impossible to know or list every risk associated with every activity. Some, but not all, of the risks I may encounter include: unpredictable or harsh weather; lightning, exposure to extreme temperatures (high heat or cold); drowning; wild animals and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by ROCKFISH instructors, volunteers, other staff members, co-participants or contractors related to my participation, including but not limited to decisions regarding my physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in ROCKFISH's program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in any ROCKFISH program involves inherent risks and other risks, hazards and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that ROCKFISH cannot assure my safety and does not seek to eliminate all of these risks of the activities of my ROCKFISH program, whether inherent to and whether described or not.

Parent/Guardian Initials: _____ Participant Initials: _____

RELEASE AND INDEMNITY AGREEMENT

I release ROCKFISH from, and agree not to pursue, claim, or sue ROCKFISH for any liability, claim, suit, or expense in any way associated with my enrollment or participation or the use of any equipment or facilities in the ROCKFISH program. Neither I, nor anyone acting on my behalf will make a claim against ROCKFISH as a result of any loss, injury, illness, damage, or death suffered. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence of ROCKFISH to the fullest extent by law and includes claims for breach of contract or any other type of suit. I do not waive any claims for gross negligence or willful or wanton conduct.

I further agree to defend and indemnify ROCKFISH (to pay or reimburse ROCKFISH for money it is required to pay, including attorney fees and costs) with respect to any and all claims brought by or on behalf of me, a family member, a co-participant, or any other person for any claims related to my participation in the program or my use of equipment or facilities, including claims that ROCKFISH instructors, staff, or volunteers were negligent. However, I do not agree to indemnify ROCKFISH for claims of gross negligence or willful wanton conduct.

ADDITIONAL PROVISIONS

I agree that the substantive law of North Carolina governs this document and any dispute or suit I have (or my child has) with ROCKFISH regardless of the "conflict of law" rules. Any mediation, suit, or other proceeding must be filed or entered into only in North Carolina. I agree to pay all attorney fees and costs incurred by ROCKFISH in defending a claim or suit if the claim is withdrawn or to the extent a court determines that ROCKFISH is not liable for the injury or loss.

The assumption of risks, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by the law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect of the enforceability of the remaining provisions, which shall continue in full force and effect. ROCKFISH has permission to use my photo or image for sale or reproduction in any manner it desires, including advertising, display, or social media. ROCKFISH reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents safety concern or medical risk, is disruptive or acts in any manner detrimental to the program. If I am dismissed or depart for any reason, I will be responsible for all costs of early departure whether for medical reason, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.

*If participant is under the age of 18 at the time this document is signed, **a parent or legal guardian must sign** the release **in addition** to the participant's signing.*

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____ Phone: _____ Date of Birth: _____

Address: _____ City: _____ Sate: _____ Zip: _____

TO READ AND SIGN BY PARENT/GUARDIAN OF MINOR

I hereby represent that I am the parent or guardian of the minor whose name appears above, I have read and consent/agree to the terms and conditions herein, on behalf of said minor and myself.

X_____ _____ _____

Guardian Signature | Print Name | Date

Emergency Contact while you are at Rockfish Camp and Retreat Center

Name: _____ Relationship:_____

Cell Phone:_____ Alternate Phone: _____

Group Name:
Dates at Rockfish:

ROCKFISH CAMP & RETREAT CENTER'S RETREAT ADVENTURE WAIVER ADDENDUM

Adult Participant/Parent/Guardian Information (18 and older):
Full Name: _____ **Date of Birth:** _____
Address: _____
Phone: _____ **Email:** _____
If signing on behalf of Student, Relationship to Minor Participant: _____

Minor Participant Information (under 18 at time of signing):
Full Name: _____ **Date of Birth:** _____
Address: _____
Phone: _____ **Email:** _____

This RELEASE and IDEMNITY AGREEEMENT ("RELEASE") must be signed by each adult or on behalf of each minor child/student who will be attending, working, volunteering, participating, chaperoning, or otherwise involved with Rockfish Camp & Retreat Center ("Rockfish") as part of _____ [RETREAT GROUP's NAME]'s use of Rockfish. The failure to complete, sign, and return this RELEASE will prohibit you or your child from attending ROCKFISH.

Please read this RELEASE carefully. This is a contract and your signature below indicates that you have read and understand every provision of this RELEASE and that you unequivocally agree to all terms, conditions, and promises herein.

As used herein, the following terms are defined as follows:

1. **"I", "Me", "My" or "the Participant" means the undersigned or, if signing on behalf of a Minor Participant, the above named Minor Participant.**

2. **The "Property" means the camp property located at Rockfish Camp at 226 Camp Rockfish Road, Parkton, NC, and all of its aspects including, but not limited to, its location, condition, and features and its facilities, structures, and equipment located at or used by Rockfish Camp.**

As consideration for allowing the Participant to attend and participate at the Property with ROCKFISH, I agree and promise as follows:

RISK OF INJURY AND ASSUMPTION OF RISKS
I acknowledge that I am fully aware of all aspects of the Property, ROCKFISH, and all of its activities. I have been given ample opportunity to ask any questions which I may have about the Property, ROCKFISH, and the environments to which I may be exposed, and I understand that there are inherent risks of injuries, including death, arising from and in connection with My attending and participating at ROCKFISH.

Communicable Diseases/COVID-19. In light of the rapid development and spread of the novel virus COVID-19 and the resulting pandemic, I understand and agree that, as additional consideration for me and/or my child to attend or participate in any program on the property of ROCKFISH, it is necessary for ROCKFISH to take reasonable and unanticipated additional steps to protect the safety of its community. I understand and acknowledge that naturally occurring disease processes (including, but not limited to, the currently widespread novel virus COVID-19) can occur in all environments in which ROCKFISH activities take place. I acknowledge that, although ROCKFISH has taken reasonable measures to reduce the risks of contact, transmittal, and exposure of the virus between people (including between campers, program participants, employees, and third parties) and that it is ultimately my sole responsibility to ensure that I and/or my child takes appropriate actions to safe-guard ourselves. I understand and agree that by participating and/or by allowing my child to participate at CAMP ROCKFISH, I am accepting and assuming the risk that I or my child may be exposed and become ill as a result of COVID-19 and other communicable diseases and that it is an inherent risk of attending CAMP ROCKFISH programs this year.

RELEASE OF ALL CLAIMS
I, ON MY OWN BEHALF AND ON BEHALF OF THE MINOR PARTICIPANT, HEREBY RELEASE **ROCKFISH CENTER, NC UNITED METHODIST CAMP & RETREAT CENTER MINISTRIES, INC.,** AND, IF ANY, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, MANAGERS, SHAREHOLDERS, ADMINISTRATORS, AGENTS, EMPLOYEES, STAFF, AND/OR VOLUNTEERS (COLLECTIVELY "**RELEASED PARTIES**") , FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, SUITS, OR DAMAGES ARISING FROM, IN WHOLE OR IN PART, MY PARTICIPATION, ATTENDANCE, WORK, OR INVOLVEMENT WITH ROCKFISH CENTER OR THE PROPERTY, INCLUDING BUT NOT LIMITED TO ANY AND ALL CLAIMS FOR PERSONAL INJURY, WRONGFUL DEATH, ILLNESS, EMOTIONAL

DISTRESS, AND/OR CLAIMS ARISING FROM RESCUE, EMERGENCY RESPONSE OPERATIONS, AND/OR ANY MEDICAL CARE PROVIDED TO ME WHILE ATTENDING ROCKFISH.

INDEMNIFICATION

I FURTHER AGREE AND PROMISE, ON MY OWN BEHALF OR ON BEHALF OF THE MINOR PARTICIPANT, TO INDEMNIFY, DEFEND, AND HOLD HARMLESS EACH AND ALL OF THE RELEASED PARTIES FROM ANY AND ALL CLAIMS, SUITS, AND/OR ANY OTHER LEGAL DISPUTES THAT MAY BE BROUGHT BY ME OR ON MY BEHALF (INCLUDING ANY CLAIM BY A PARENT OR GUARDIAN OF THE MINOR PARTICIPANT) FOR ANY CLAIMS ARISING OUT OF MY PARTICIPATION, ATTENDANCE, WORK ,OR INVOLVMENT WITH OR AT ROCKFISH OR THE PROPERTY, WHETHER OR NOT SUCH CLAIM ARISES OUT OF THE ALLEGED NEGLIGENCE OF THE RELEASEES OF THE CONDITION OF THE PROPERTY. THE PROVISIONS OF THIS PARAGRAPH SHALL SURVIVE THE TERMINATION OF THIS AGREEMENT WITH RESPECT TO ANY CLAIMS OR LIABILITY ACCRUING PRIOR TO SUCH TERMINATION.

RIGHT TO REFUSE AND EXPEL

I understand and agree that ROCKFISH reserves and retains the right, at its sole discretion, to cancel, reject, and/or refuse the participation of the Participant at ROCKFISH and that ROCKFISH can exercise this right at any time, including expelling the Participant while attending and/or participating at ROCKFISH. I further understand and agree that in the event ROCKFISH exercises this right, it may, at its sole discretion, retain or refund any and all deposits, fees, tuition, or other moneys paid for the Participant to attend ROCKFISH.

I further agree that in the event ROCKFISH believes that either I or my child may have been exposed to COVID-19 or any other communicable disease, ROCKFISH, in its sole discretion may require that I and/or my child be separated and quarantined from the ROCKFISH Property and community. I authorize and permit ROCKFISH to seek and take any and all reasonable steps, including medical intervention, in the event of my or my child's exposure.

INTEGRATION

I understand and agree that this RELEASE is a fully integrated contract and supercedes any and all oral and/or written expressions from anyone about ROCKFISH, whether given directly or indirectly to the Participant.

SEVERABILITY

In the event that any clause or part of this RELEASE is determined or found to be unenforceable by any court of competent jurisdiction, this finding shall not otherwise affect the validity or enforceability of the remaining parts of this Release.

MINOR PARTICIPANT AUTHORIZATION

I, the undersigned Parent/Guardian, state affirmatively that I have legal custody over the Participant, a minor child, and have complete authority to sign this RELEASE on the Participant's behalf. I have authority and permission to sign this on behalf of any other parent/guardian who has authority to make such agreements on the Participant's behalf.

ELECTRONIC SIGNATURE

By electronically signing this RELEASE, I agree that my signature below is the legally binding equivalent of my handwritten signature on paper. My electronic signature applies to all pages and terms of this Agreement.

_____

Signature of Adult Participant or Parent or Guardian for Minor Participant

_____

Print Name

Date:_____

RETREAT CONTRACT ADDENDUM PERTAINING TO COVID-19

ASSUMPTION OF RISK:

Communicable Diseases (COVID-19): In light of the rapid development and spread of the novel virus COVID-19 and the resulting pandemic, the Group understands and agrees that naturally occurring disease processes (including, but not limited to, the currently widespread novel virus COVID-19) can and do occur in all environments in which ROCKFISH activities take place. I acknowledge that, although ROCKFISH has taken reasonable measures to reduce the risk of contact, transmittal, and exposure of COVID-19 between people (including between program participants, employees, and third parties), it is ultimately the sole responsibility of the Group and its Participants to ensure that its Participants take appropriate actions to safe-guard themselves. The Group understands and agrees that by using ROCKFISH for its retreat, it is accepting and assuming all risks that its Participants may be exposed and become ill as a result of COVID-19 and other communicable diseases and that it is an inherent risk of coming to and using ROCKFISH.

RELEASE OF LIABILITY: The Group, individually and on behalf of its staff, employees, agents, volunteers and Participants, does hereby release the ROCKFISH CENTER, NC UNITED METHODIST CAMP & RETREAT CENTER MINISTRIES, INC., and, if any, their respective officers, directors, members, managers, shareholders, administrators, agents, employees, vendors, partners, staff, and/or volunteers (collectively "RELEASED PARTIES"), FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, SUITS, OR DAMAGES ARISING FROM, IN WHOLE OR IN PART, PARCIPATING GROUP'S PARTICIPATION AT OR USE OF THE ROCKFISH CENTER, INCLUDING ANY AND ALL CLAIMS ALLEGED FOR NEGLIGENCE OF THE RELEASEES, PERSONAL INJURY, ILLNESS, WRONGFUL DEATH, EMOTIONAL DISTRESS and/or CLAIMS ARISING FROM RESCUE, EMERGENCY RESPONSE OPERATIONS, and/or ANY MEDICAL CARE PROVIDED TO THE GROUP WHILE ATTENDING OR PARTICIPATING AT THE ROCKFISH CENTER.

Right to Refuse and Expel.

a. The Group understands and agrees that ROCKFISH reserves and retains the right, at its sole discretion, to cancel, reject, and/or refuse the Group's use of ROCKFISH and/or the participation of any Participant and that ROCKFISH can exercise this right at any time, including expelling the Participant while attending and/or participating at ROCKFISH. The Group further understands and agrees that in the event ROCKFISH exercises this right, ROCKFISH may, at its sole discretion, retain or refund any and all deposits, fees, tuition, or other moneys paid for the Participant to attend ROCKFISH. Upon the exercise of this right, the Group shall be responsible for the removal and transportation of the expelled Participant.

b. The Group further agrees that in the event that ROCKFISH believes that any Participant may have been exposed to COVID-19 or any other communicable disease, ROCKFISH, in its sole discretion, may require that the Group's Participants be separated and quarantined from the ROCKFISH community and property.

I am legally authorized on behalf of the Group to execute this Agreement binding the Group to its terms. I have read and understood all the terms and conditions set forth in this Agreement.

Printed Name _____ Date_____

Signature_____