Kids for a Cure Club Day Camp

June 16-20, 2025

Counselor Requirements and Application Check List

1) **Requirements:**
   - Age 15 and older
   - Teacher's written recommendation (if new to the KFCC camp)
   - Documentation of previous experience with children (if new to KFCC camp)
   - Responsible solely for diabetes self-management care
   - Availability to help at camp on the following dates: June 16-20, 2025

2) **Application Checklist – Complete and sign the following forms and return them with payment** by **May 22, 2025**
   - Health and Emergency Authorization Form
   - Healthy History Information Form
   - Release of Liability and Assumption of Risk
   - Pool Day Form
   - Consent to Photograph/Interview and Release of Liability

3) **Mail to**:

   Kids for a Cure Club
   c/o MWH Diabetes Management, Katie McGuigan
   4710 Spotsylvania Pkwy., Ste. 200
   Fredericksburg, VA 22407

   Or send via email to Stefanie.rekdal@mwhc.com

IMPORTANT DATES:

Camp Orientation & Parent Meeting: Sunday, May 29, 2025 Time TBD
Camp Decoration, if available: Sunday, June 15, 2:00-5:00 PM
Camp: June 16-20 (Mon.-Fri.), 2025, 9:00 AM-2:30 PM; **Counselors will be asked to arrive earlier**
Closing Ceremony for family and friends & wrap up: Fri. June 20, 1:30-2:30 PM

Questions: Call 540.741.2210 or email Stefanie Rekdal, Team Lead at Stefanie.rekdal@mwhc.com

2025 Kids for a Cure Club Day Camp

Health and Emergency Authorization Form

This form is intended to assure that your child will be able to receive proper medical care should he/she require it, even if you are not available at the time of need. In an emergency, we will first attempt to reach a parent or guardian.

Date form completed: _____ Date of last physical exam: _____

Child's Name*:* _____ Height: _____ Weight: _____

Date of Birth: _____ Age: _____ Female: _____ Male: _____

Home Address: _____ Phone: _____

Parent's Phone: _____ Email address: (Please Print) _____

Please provide TWO phone numbers that can be used in case of emergency during camp hours.

1. Name: _____ Relationship to child: _____ Phone:_____

2. Name: _____ Relationship to child: _____ Phone:_____

Child's Endocrinologist: _____ Phone: _____

Child's Primary Care Physician: _____ Phone: _____

Insurance Company: _____

Insurance Identification or Policy Number: _____

I/We, being the parent (s) or legal guardian (s) of the above-named minor, do hereby appoint

Mary Washington Healthcare personnel (e.g. program manager, camp nurse, etc.)

to act on my/our behalf in authorizing emergency medical, dental, or surgical care and

hospitalization for the above minor during the period(s) of my/our absence.

Parent/Guardian Name:_____ Parent/Guardian Name:_____
(Please Print) (Please Print)

Signature: _____ Signature: _____

Relationship to Child: _____ Relationship to Child: _____

Please Return by May 22, 2025

2025 Kids for a Cure Club Day Camp

Health History Information

Child's Name: _____ DOB/Age_____

Please indicate child's T-Shirt Size:

Youth S (6-8) __ Youth M (10-12) __ Youth L (14-16) __ Adult S __ Adult M __ Adult L __ Adult XL __

If necessary, please ask your doctor for assistance in completing the following section. Check and give dates where applicable.

IMMUNIZATIONS:

CURRENT: YES _____ NO _____ **DATE OF LAST TETANUS TOXOID*:* _____**

ALLERGIES:

INSECT BITES/STINGS: _____

_____

DRUGS/MEDICATIONS: ***Specify*** _____

_____

FOOD: ***Specify allergies or intolerances*** _____

_____

OTHER: ***Specify*** _____

_____

CURRENT CONDITIONS OTHER THAN DIABETES:

Stomach Problems: _____ Asthma: _____ Heart Disease: _____ Epilepsy: _____

Kidney Disease: _____ Celiac: _____ ADD: _____ ADHD: _____

Other (specify): _____

_____

RECENT SURGERY OR SERIOUS INJURIES: YES _____ NO _____

If YES, please explain: _____

_____

Please Return by May 22, 2025

Release of Liability and Assumption of Risk

Please read this form carefully and be aware that by signing and participating in this program you will be assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program, including transportation services to and from **Kids for a Cure Day Camp**.

I recognize and acknowledge that there are certain risks of physical injury to participants in the **Kids for a Cure Day Camp**, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with **Kids for a Cure Day Camp**.

I further agree to waive and relinquish all claims I or my minor/ward may have (or accrue to me or my child/ward) as a result of participating in any program/activity against **Kids for a Cure Day Camp** including its owner, participants, agents, volunteers, and employees.

I do hereby fully release and forever discharge **Kids for a Cure Day Camp** from any and all claims or injuries, damages, or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with **Kids for a Cure Day Camp**.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims.

PLEASE PRINT:
Camper name: _____DOB/Age:_____

Date: _____

Parent's Signature: _____

PARTICIPATION WILL BE DENIED if this form is not dated and signed

Please return by May 22, 2025

Wednesday Pool Day

Fredericksburg Country Club

Each child will be assigned to a counselor and an adult for supervision. Pick up will be at the pool this day. More details to follow.

Please check the response that best describes your child's swimming ability:

- ☐ My child has good swimming skills and is comfortable in water over his/her head
- ☐ My child is a fair or a non-swimmer and needs to stay in water that is no more than chest deep
- ☐ My child cannot swim and needs to stay in the shallow end of the pool

Additional comments:

_____

_____

Child's Name:_____DOB/Age:_____

Parent Signature_____ Date: _____

Please Return by May 22, 2025

Mary Washington Healthcare

2025 Kids for a Cure Club Camp

Consent to Photograph/Interview and Release of Information

I,_____, consent to having photographic, video, electronic, audio media or interview of myself, my child, or for the person(s) **for whom I am responsible (name(s):_____** conducted.

I consent that my first name, the first name of my child and/or the person for whom I am responsible be shared for the use in the publication, education, or audio-visual programs listed above.

I consent to having friends, family and/or the caregiver interviewed regarding my condition, the condition of my child, and/or the person for whom I am responsible.

I consent to having general information regarding my condition, the condition of my child, and/or the person for whom I am responsible released by a Mary Washington Healthcare spokesperson, and if applicable, to law enforcement personnel conduction official investigations.

I hereby release Mary Washington Healthcare, its subsidiaries, its personnel, my friends, family, caregiver, and any persons participating in my care, the care of my child, or the care of the person for whom I am responsible, from any and all liability that may or could result from the taking or the use of these photographs/this interview, release of general information by a Mary Washington Healthcare spokesperson and release of information to law enforcement personnel.

I have been advised that I may limit the disclosure of images/audio recordings/information under the Authorization to specific media outlets (e.g. Mary Washington Healthcare publications only). If I want to so limit disclosures under this Authorization, I will list the specific media outlets authorized to receive images/information under this Authorization here: _____.

Signature _____ **Date** _____

Witness _____ **Date** _____