

Kids for a Cure Club Day Camp

June 16-20, 2025

Junior Counselor Requirements and Application Check List

1) **Requirements:**

- Age 13 or 14
- Teacher's written recommendation (if new to the KFCC camp)
- Documentation of previous experience with children (if new to KFCC camp)
- Responsible for diabetes self-management per guidelines provided
- 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**

- Junior Counselor Responsibilities
- Camp Rules
- 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
- Pick up information

3) **Mail camp fee of \$75. With check payable to Kids for a Cure Club to:**

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

**Financial aid is available for those that qualify.*

NOTE: Camp is limited to the first 5 completed applications with receipt of payment.

4) **Physician orders and approval form Due May 29, 2025**

Junior counselors will not be allowed to attend camp without this being completed.

Physician's Approval and Orders – Injections OR Physician's Approval and Orders – Pump

IMPORTANT DATES:

Camp Orientation & Parent Meeting: Thursday, May 29, 2025 Time TBD

Camp Decoration, if available: Sunday, June 15, 2:00-5:00 PM

Camp: June 16-20 (Mon.-Fri.), 2023, 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

Junior Counselor Responsibilities

Diabetes Self-Care Responsibilities:

- 1) Document your blood sugar in the morning before snack, at lunch, and if experiencing any hypoglycemic symptoms.
- 2) Administer your own insulin and document it on daily log sheets. These will be reviewed by camp staff daily.
- 3) Inform camp nurse if your blood sugars **are over 250 or less than 70.**

Supervisory Responsibilities:

- 1) You will have less responsibility than the Counselors and will be allowed to participate in some of the crafts.
- 2) You will be assigned to work with a Counselor and assist with their group in duties that include assisting at blood sugar table, being a runner at lunch, helping with crafts, monitoring the swim groups, monitoring food/snack intake and helping with carb counting at lunch, assisting with camp song and closing ceremony activities.
- 3) Arrival at camp is **at 8:00 AM on the first day and 8:30 AM on the other days.**
- 4) **Plan to leave at 3:00 PM** to help with clean up, set up for the next day, and to discuss any issues from that day.
- 5) **On the last day**, plan to help take down decorations **from 2:30-4:00 PM.**
- 6) Assist with camp set up and decorations on Sunday, June 15th from 2:00-5:00 PM (other family member assistance welcomed).
- 7) Serve as a role model to the campers by acting in a responsible manner. No rough horseplay will be tolerated during camp.
- 8) **All cell phones must be turned off and stored during camp unless being used for medical purposes.**

I attest that I have read and understand the above responsibilities of a Junior Counselor:

Name: _____ Date: _____

Parent or Guardian Name/Signature: _____

Please return by **May 22, 2025**

2025 Kids for a Cure Club Day Camp

CAMP RULES

- Have respect for leaders when they are speaking, for facilities and equipment, and for fellow campers.
- Food must be eaten in designated areas. All trash must be disposed of properly.
- Return all equipment and/or supplies when finished using them.
- Participants are responsible for their actions at all times. The family may be billed for any damages caused to any facilities.
- Report any damaged or broken property or equipment to camp staff.
- No rough horseplay will be tolerated during camp.
- Cell phone use will be allowed for medical purposes only.
- Those who do not follow the above rules will either lose privileges or be asked to take time out from activities.
- Parents need to escort their child into the camp facility and **check in** with a staff member before leaving.
- Parents are asked to be prompt when picking up their child each afternoon at **2:30 pm**, and to **check out with staff** before leaving.

NOTE TO PARENT OR GUARDIAN:

If you have any concerns or questions regarding camp rules or policies, please do not hesitate to contact **Stefanie Rekdal, MWHC Team Lead at (540)741-2220 or stefanie.rekdal@mwhc.com**. We will discuss any concerns with the camp staff and planning committee.

Parent/Guardian Signature _____ **Date** _____

Child's Name _____

Please Return by May 22, 2025

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

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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

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

Please Return by May 22, 2025

2025 Kids for a Cure Club Day Camp

Pick-Up Information

Please list the designated person or persons that will be authorized to pick up your child following camp's conclusion.

Child's Name: _____

Authorized Person or Persons:

Virginia

Name: _____ Driver's License # _____

Virginia

Name: _____ Driver's License # _____

Virginia

Name: _____ Driver's License # _____

Signature of Parent/Legal Guardian: _____

Date: _____

Please return by May 22, 2025