



Diabetes SA Western Cape Branch
 301 Tulbagh Centre, 16 Hans Strijdom Ave, Foreshore, 8001
 Tel: 021-425-4440 Email: mccumisky.margot@gmail.com Cell: 072 345 0086

PAGES 1-5 MUST BE COMPLETED, SIGNED, AND EMAILED TO THE ADDRESS ABOVE WITH PROOF OF PAYMENT

SURFS UP CAMP ENROLLMENT FORM

CAMP DATE: Friday 9th June - Sunday 11th June 2023

VENUE: CAPE TIMES FRESH AIR CAMP, SIMONSTOWN

Camper Information:

FIRST NAME	SURNAME	GENDER	AGE

Date of Birth: _____ Date when diagnosed: _____

Address: _____

Email: _____ Phone Number: _____

**1st time campers under 10years may bring a friend or sibling, if they are reluctant to attend on their own
 A form must be completed for each accompanying person, whether they have diabetes or not.**

Emergency Contact Details:

1. Name _____ Relationship To Camper: _____

Tel(Home) _____ (Cell) _____

2. Name _____ Relationship To Camper: _____

Tel(Home) _____ (Cell) _____

Fees: *Camps are subsidised. If you are able to, please donate extra to enable an underprivileged child to attend.*

Diabetic child/ren (ages 8-14): R250/child Tot R _____

Non-Diabetic Child/ren: R300/child Tot R _____

Extra Donation Amount R _____

Total full Amount Owed Total R _____



BANK DETAILS: Diabetes S.A.; First National Bank; Green Point Branch; Cheque Account 50260064354; Ref: Childs Name + Camp

Form with payments must be returned by latest Thursday 25th May 2023

Transportation: Please tick the appropriate box:

Transport to camp:	Bus at Tygerberg Hospital	Bus at Red Cross Hospital	Parent will drop-off at camp
Transport to home:	Bus to Tygerberg Hospital	Bus to Red Cross Hospital	Parent will pick-up at camp

Ambulance Services: Please fill in Name of Private _____ State _____ Medical

Information: (PLEASE COMPLETE THE FOLLOWING SECTION IN FULL)

Diabetic Child's Name: _____ State or Private Patient at _____

Doctors Name: _____ Contact No: _____

Insulin Requirements:

INSULIN TYPE	BREAKFAST	LUNCH	SUPPER	BEDTIME
(SHORT ACTING)				
(LONG ACTING)				
(OTHER)				

PUMP TYPE: _____ CGM MAKE: _____

Medical Aid: _____ M/ Aid Membership No.: _____

Principal Member Name: _____ I.D.No.: _____

Kindly indicate any dosage variations according to blood sugar levels. Use back of sheet if necessary.

If Sugar Level is ABOVE INCREASE

If Sugar Level is BELOW DECREASE

Eg: If Sugar Level is ABOVE INCREASE by units

Other Medication: TYPE _____ DOSAGES BELOW _____

Special dietary requirements: _____

Signature of parent/guardian: _____ **Date:** _____

Extra Camper Information: The following information will help us let your child have the best, most educational, and fun experience possible while at camp! This information will help us improve our camp in future years. We will never share any information provided with any outside sources. If needed, work with your child to answer the following questions.

Interests: (e.g. art, science, music, tennis) _____

Please circle the relevant answer:

I/My child:

1. Can inject insulin my/them self:	True			Not true
2. Can check blood sugar my/them self:	True			Not true
3. Counts carbohydrates my/them self:	True	Mostly true	Somewhat true	Not true
4. Visit(s) the endocrinologist consistently:	True	Mostly true	Somewhat true	Not true
4a. Prepare(s) for endocrinologist visits:	True	Mostly true	Somewhat true	Not true
5. Know(s) how to treat hypoglycemia	True	Mostly true	Somewhat true	Not true
6. Know(s) how to treat hyperglycemia	True	Mostly true	Somewhat true	Not true
7. Know(s) about related health conditions	True	Mostly true	Somewhat true	Not true
7a. Am/Is screened for related health conditions	True	Mostly true	Somewhat true	Not true
7b. Have/has an annual A1C check	True	Mostly true	Somewhat true	Not true
8. Feel(s) overall educated about how to best control diabetes	True	Mostly true	Somewhat true	Not true
9. Feel(s) comfortable talking about diabetes:	True	Mostly true	Somewhat true	Not true
9a. Talking to <i>friends</i> :	True	Mostly true	Somewhat true	Not true
9b. Talking to <i>family</i> :	True	Mostly true	Somewhat true	Not true
9c. Talking to <i>teachers</i> about diabetes:	True	Mostly true	Somewhat true	Not true
9d. Talking to <i>doctors</i> about diabetes:	True	Mostly true	Somewhat true	Not true
10. Feel(s) supported and connected to other people with diabetes:	True	Mostly true	Somewhat true	Not true
10a. Have/Has friends with diabetes that I/they communicate with	True	Mostly true	Somewhat true	Not true
10b. Attend(s) diabetic community meetings	True	Mostly true	Somewhat true	Not true
11. Feel(s) positive that diabetes can be managed	True	Mostly true	Somewhat true	Not true
12. Has a negative attitude about diabetes	True	Mostly true	Somewhat true	Not true
13. Engages in enjoyable activities	True	Mostly true	Somewhat true	Not true

Any other relevant comments: _____

CAPE TIMES FRESH AIR CAMP

5 April 2023

Camp Rules and Indemnity

1. The camp is handed to you in a clean state. Children must keep the ground and buildings neat and tidy. Each dormitory has a broom, mop, dust pan, toilet brush and cleaning liquid to help with this.
2. Playing and eating is not allowed in the dorms. Children should not need to go into the dorms during the day except to change or rest.
3. Please do not move the beds, they are heavy and damage the flooring when moved, which cannot be repaired.
4. Keep all emergency exit doors clear at all times.
5. No playing is allowed outside after 7.30pm and lights out is never to be later than 11pm.
6. Music is not to be played loudly at any time, and noise levels to be such as to not disturb the neighbours.
7. Ball games should only be played on the field behind the hall and must be supervised.
8. Do not climb over the fences, to fetch a ball for instance – they are old and this may damage them.

I, the undersigned _____, the parent/guardian of _____

confirm that I have read and understand the terms, conditions and rules of the Cape Times Fresh Air camp above, and have explained them to my child/children and agree to abide by these terms, conditions and rules. I understand that my child attends the Cape Times Fresh Air Camp and associated events at my child's own risk. I hereby indemnify and hold the Cape Times Fresh Air Fund and any sponsors and organisers, harmless against all or any claims, in respect of any damage, or injury that my child may suffer, or loss that my child may incur arising from his/her attendance to and/or transportation to and from and during the Cape times Fresh Air Camp.

Signed at _____ on _____

SIGNATURE: PARENT/LEGAL GUARDIAN

I, _____ the parent/Guardian hereby make application for my child/ren:

1. _____ 2. _____

To attend the Diabetes SA Childrens Camp to be held at Cape Times Fresh Air Camp on 2nd – 4th June and hereby agree:

1. to accept and abide by all the terms and conditions governing the Diabetes SA Childrens Camps run by the Diabetes SA and its representatives, and give our approval;
2. that neither the camp leaders, the persons in charge of the group, their helpers, employers, the venue personnel, nor any person connected with the group will be held liable for any claims arising from any accident or injury happening to my child/children for the period in question, including embarkation venue, transport to and from the venue, or until his/her return to me, and waive and abandon any claims which may, at any time arise as aforesaid, both in my personal capacity as a parent or as guardian of the child, and **expressly indemnify** the supervisor/s and involved persons such as volunteers and DSA employees, against any such claim which may arise or be instituted;
3. that the camp leaders and caregivers reserve the right to monitor blood glucose according to camp protocol and to adjust insulin dosages for the duration of the camp, and to withhold or administer insulin dosages according to the needs of the individual child. **Children are responsible for bringing their own insulin.** Diabetes SA provides meters and strips for testing. We cannot be held responsible for loss or damage of children’s meters or any other personal valuables;
4. that the group leader, or in his/her absence, any other responsible care giver connected with the group, may give any **emergency treatment** required, provided this will be executed on the advice, and under the supervision of a medical nurse or doctor, paramedic.
5. for the calling of a doctor to attend the child if necessary, and accept responsibility for all medical expenses.
6. to the **No bullying policy**: please be aware and explain to your child/ren that we have a strict “NO BULLYING ALLOWED” policy at our camps. This involves time out of activities for the rest of the day if a child is found to be guilty of bullying another. If the bullying persists then the child may be sent home. We appreciate your co-operation in this regard.
7. that we give **permission for photographs**, videos and information about the camp and campers to be used in the media or press or Diabetes S.A. reports. Website, Emagazine and Social Media in order to promote the importance of Childrens Events for Children with Diabetes.
8. that the above mentioned information regarding my child/ren is correct and complete.

Thus done and signed at _____ on the _____ day of _____ 2023.

SIGN PARENT/GUARDIAN _____ SIGN PARENT/GUARDIAN _____

For the child and parent to read together:

9. I will not injure or endanger myself or any other person at camp either physically or emotionally
10. I will respect the environment of the camp, the property of the camp, and the personal property of others. If I do not, my family will be liable for any damage caused by me.
11. I will not use foul or abusive language and will demonstrate respect for staff and fellow campers at all times.
12. I will not use or be in possession of tobacco products, drugs, alcohol, or any form of weapon
13. I will not engage in teasing, harassment, ethnic / racial / religious / political slander of any person or group
14. If I do not follow these rules I;
 - can be promptly dismissed from the camp
 - must have a parent or guardian come to the camp to pick me up immediately
 - forfeit any camp fees
 - risk losing the privilege of returning to camp in the future

I have read and understand these rules and will help to enforce them. In addition, I have read and explained the camp rules to my child and believe that he / she understands them. I hereby agree to pick up my child from camp immediately if he / she breach this contract. Diabetes SA has been running camps for children with diabetes for over 40 years. You can be assured that all volunteers involved in the camp take the utmost care of each and every child attending camps.

Thus done and signed at _____ on the _____ day of _____ 2023.

SIGN PARENT/GUARDIAN _____ SIGN PARENT/GUARDIAN _____

SIGN CAMPER _____