

*A retreat designed for children of all ages with insulin dependent type 1 diabetes and their families.*

**Seminars on:**

Diabetes Management Update  
Nutrition - Injections - Testing  
Behavior Management  
Sick Day Management  
Toddlers and Diabetes  
Impact of Stress on the Family  
Sibling & Adolescent Issues

**We are also planning:**

Outdoor Activities  
Games  
Arts & Crafts

Lots of time for sharing your experiences and concerns.

**Registration Deadline  
February 3, 2012**



*"Until there's a cure, there's camp"*

Florida Camp for Children and Youth with Diabetes, Inc.  
PO Box 14136  
Gainesville, FL 32604-4136

# Florida Diabetes Camp's

## Family Weekend

Friday, February 10, 2012 7:30 PM  
to  
Sunday, February 12, 2012 11:00 AM

at Gold Coast Camp  
Lake Worth, Florida  
(Palm Beach County)

*Parents, grandparents, siblings and other caregivers are encouraged to attend and share the retreat with their family and child with diabetes*

**Location:** Gold Coast Camp is in Lake Worth, Palm Beach County. The camp offers modern cabins each with bathrooms, bunk beds and AC & heating. You will need to supply your own pillows, bed linens, towels and bathroom toiletries.

***NOTE:** Each participant should pack separately as moms bunk with moms, dads bunk with dads, and children over 5 bunk with same age and sex children and trained counselors.*

**Discussions will be conducted by diabetes specialists led by:**

Mary Vaccarello-Cruz, MD  
*Pediatric Endocrinologist*

Andres Torrens, MSW, R-CSW

Agenda/map will be mailed after your registration is received.

**Registration will be accepted on a first-come first served basis. Priority will be given to families with newly diagnosed children.**

**For more information:**

**Call: (352) 334-1321**

**Fax: (352) 334-1326**

**E-mail: [fccyd@floridadiabetescamp.org](mailto:fccyd@floridadiabetescamp.org)**

**Or visit our website:**

**[www.floridadiabetescamp.org](http://www.floridadiabetescamp.org)**

**REFUND POLICY:**

Food and lodging fees must be guaranteed to Gold Coast Camp a week in advance. **Therefore, there can be no refunds for cancellations after: 9:00 a.m. February 6, 2012**

**Registration Form  
Deadline: February 3, 2012**

Name of child with diabetes: \_\_\_\_\_

Child's home address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Sex: M F School grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Insulin Type: \_\_\_\_\_

Use insulin pump? \_\_\_\_\_

If yes, Brand \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

**Contact Information for Parents or Guardians:**

Mom's Name \_\_\_\_\_

Mom's Work Phone: ( ) \_\_\_\_\_

Mom's Cell Phone: ( ) \_\_\_\_\_

Mom's E-mail Address: \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Work Phone: ( ) \_\_\_\_\_

Dad's Cell Phone: ( ) \_\_\_\_\_

Dad's E-mail Address: \_\_\_\_\_

*With whom does child primarily reside:* \_\_\_\_\_

**Has child ever been to Florida Diabetes Camp?**

Summer Camp \_\_\_\_\_ Year? \_\_\_\_\_

Or weekend programs \_\_\_\_\_

**Full names of family members attending:**

Parent(s) \_\_\_\_\_

Siblings (Name, Sex, Date of Birth, Grade)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In addition to those listed above, the name, sex, age, and relationship of all others attending (Needed for making cabin assignments):**

\_\_\_\_\_  
\_\_\_\_\_

**Cost:**

Fees include lodging at the camp, breakfast, lunch and dinner Saturday and breakfast on Sunday, snacks throughout the weekend, supplies and educational materials.

**\$85/adults**

**\$75/youngsters ages 5 - 18  
4 and under no charge**

**Limited financial assistance is available. Please download our financial aid form at [www.floridadiabetescamp.org](http://www.floridadiabetescamp.org) or call our camp office for more information. Min. \$25.00 Deposit due with all registrations**

**Total number registering:**

\_\_\_\_\_ Adults @ \$85.00

\_\_\_\_\_ Children 5-18 @ \$75.00

\_\_\_\_\_ Children 4 & Under no charge

**Total Amount Due: \_\_\_\_\_**

**Amount Enclosed: \_\_\_\_\_**

**Minimum \$25.00 Deposit due with registration**

**Visa/MasterCard/AMEX/Discover**

Account# \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Security Number \_\_\_\_\_

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

**Please make checks to:**

**FCCYD**

**PO Box 14136**

**Gainesville, FL 32604**

**I would like to help another child attend. Enclosed is my tax deductible donation of \$ \_\_\_\_\_**