



**in Partnership with  
St. Mary's Medical Center,  
Evansville**

**2012  
INdependence  
Diabetes  
Camp  
Application**

**AMERICAN CAMP  
ASSOCIATION  
- ACCREDITED CAMP -**  
www.campcarson.org  
campinfo@ymca.evansville.net  
Phone: 812-385-3597  
Fax: 812-386-1654

**PLEASE COMPLETE  
AND MAIL TO:**

**Registrations  
YMCA Camp Carson  
2034 Outer Lake Rd  
Princeton, IN 47670**

**As a result of the generous support of the Jay Cutler Foundation**, in helping to establish a camp in southern Indiana for children with **Type 1 Diabetes**, we are able to offer extensive financial support in making an overnight camp experience accessible to all. **Through the Jay Cutler Foundation** the true cost of the camp has already been **underwritten by 50%**. (True cost of camp is \$599) **Also because of the Jay Cutler Foundation, we are able to offer additional assistance as outlined below.**

**Why 3 Prices?** Realizing that families have differing abilities to pay, we've instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below.

**This program is voluntary and in no way influences the experience children receive.**

<p><b>Rate A - 2012 Rate</b> Based on 50% of the actual cost of camp for child to participate.</p> <p>Example <u>\$300</u>      \$200      \$100</p>	<p><b>Rate B- 2012 Rate</b> This is an additional subsidized rate for those who can pay a little more but still can't afford the actual cost of camp.</p> <p>Example      \$300      <u>\$200</u>      \$100</p>	<p><b>Rate C- 2012 Rate</b> This is our standard subsidized fee. (Please contact camp if additional assistance is needed.)</p> <p>Example      \$300      \$200      <u>\$100</u></p>
<p><b>Diabetes INdependence Camp</b></p> <p>A - \$300 B - \$200 C - \$100</p>		<p><b>Diabetes INdependence Camp - Counselor in Training</b></p> <p>A - \$500 B - \$400 C - \$300</p>
<p>If further financial assistance is needed, please call the camp office for more information.</p>		

**Please Circle** Session(s), Program(s) and **RATE** you are selecting. One application must be completed for each camper attending.

<b>Session 1</b>	<b>June 3 - 15</b>	<b>Diabetes INdependence Camp - Counselor in Training (CIT - D) (rising 11<sup>th</sup> grade) (2 week camp June 3 - 15)</b>
<b>Session 2</b>	<b>June 10 - 15</b>	<b>Diabetes INdependence Camp - (ages 9 - 12)</b>

PLEASE  **YES** or **NO** regarding **INTEREST** in our Horseback program, This option **may** be made available **DEPENDING** on overall interest. Checking "Yes" does not commit your child to participating in horseback riding, it simply allows us to assess interest and staffing needs.

**YES** My child is **INTERESTED** in **horseback riding** for an **additional \$20** fee, per day. Check ONE: TWO Day Option , THREE Day Option , FIVE Day Option (\$90 Total)   **NO** My child IS NOT INTERESTED in horseback riding.

I wish to donate **\$10**  **\$25**  **\$50**  **\$75**  **\$100**  **Other \$** \_\_\_\_\_ All donations are tax deductible. Your contribution will help sponsor other children to camp and also underwrite program costs and equipment repairs. Thank you for your consideration and support.

**We also have traditional camp sessions that run during this same week. If you have another child who would like to attend camp at the same time, please use the traditional camp application.**

First time applicant  YES or previous camper  How many years \_\_\_\_\_ Previously Attended? (Shoshone, LIT, etc.) \_\_\_\_\_

Camper's Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Name Called \_\_\_\_\_

Gender M  F  Grade Completed by June 2012 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at camp Yrs. \_\_\_\_\_ Months \_\_\_\_\_

Home Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) e-mail \_\_\_\_\_

(Step) Father's Name (Dr., Mr.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Step) Mother's Name (Dr., Mrs., Ms.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of parents or guardian(s) with whom camper lives \_\_\_\_\_

Parents are: Married  Divorced  Separated  Remarried  Single Parent  Widowed

