

ELIGIBILITY

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is for children and young adults ages 5-18 years old who have been medically diagnosed with diabetes and prediabetes. Please submit your application by July 1, 2017 as space is limited to 75 participants per session.

CONTACT INFORMATION

- **Monica Joyce** 773-636-3353
- **Judy Joyce** 773-266-1716
slamdunkcamps@gmail.com

VISIT OUR WEBSITE:

www.slamdunkkids.org

facebook.com/slamdunkfordiabetes



CAMP LOCATIONS

Chicago, Illinois

Milwaukee, Wisconsin

Rockford, Illinois

Schererville, Indiana

Waukegan, Illinois



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DARE TO Defy!

DARE TO

- You can be young, have diabetes and still have FUN
- Exercise and a good diet should be part of your life
- Enjoy & learn from professional coaches
- Get in the game and learn while having a great time!
- Enroll NOW! Space is limited to 75 participants for each session
- And best of all tuition is FREE!

CAMP STAFF

Camp Director
Monica Joyce MS, RD, LD, CDE

Administrative Assistant
Judy Joyce

Head Coach
Anthony Wofford

Medical Coordinator
Monica Joyce MS, RD, LD, CDE

OUR MISSION

Slam Dunk for Diabetes empowers children with diabetes to take control of their lives and their diabetes by using innovative experiences that provide them with the knowledge, support and motivation to lead healthy, happy and productive lives.



WAUKEGAN CAMP INCLUDES

- 3 hour daily sessions
- T-Shirt
- Basketball

CAMPERS HAVE FUN & GAIN CONFIDENCE

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is a place where children and teens gain confidence in managing their diabetes. Campers learn to test themselves and give injections. They learn how food and exercise are linked with insulin, and how sports illness, and stress interact with diabetes. Participants learn that diabetes doesn't have to prevent them from living active, satisfying lives.

SLAM DUNK OPPORTUNITY

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is the first scholarship camp of its kind. This camp is designed to provide kids with diabetes the opportunity to learn the fundamentals of basketball while managing their diabetes. Our hand selected team of individuals are not only gifted instructors, but also people of outstanding character and include: diabetes educators, physicians and expert coaches.

WAUKEGAN CAMP DATES

June 25 to 26, 2018

Rookies: 9:00 AM - 12:00 PM
 Veterans: 9:00 AM - 12:00 PM

Rookie Sessions
 Boys & Girls 5-10 yrs. old

Veteran Sessions
 Boys & Girls 11-18 yrs. old

WAUKEGAN CAMP LOCATION

The Field House at Hinkston Park
 800 Baldwin Avenue
 Waukegan, Illinois 60085

For more information about Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp, please contact: **Monica Joyce MS, RD, LD, CDE 773-636-3353 or Judy Joyce 773-266-1716 or email at: slamdunkcamps@gmail.com**

[facebook.com/slamdunkfordiabetes](https://www.facebook.com/slamdunkfordiabetes)

visit our website: www.slamdunkkids.org

PLEASE FILL OUT AND FAX (800-933-9101) OR MAIL THIS FORM BY JUNE 1, 2018 TO:

MOSES E. CHEEKS SLAM DUNK FOR DIABETES BASKETBALL CAMP
 MONICA JOYCE • 541 KINCAID HIGHLAND PARK, IL 60035

PLEASE PRINT CLEARLY

Waukegan, IL

CAMPERS NAME _____ CAMPERS DATE OF BIRTH _____ AGE _____ SEX _____

PARENT / GUARDIAN NAME _____ DATE OF DIAGNOSIS _____ Type 1 2 Pre (circle one)

HOME PHONE _____ CELL _____ EMERGENCY CONTACT (name & phone) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

CAMPERS T-SHIRT SIZE: (Please Check Only 1 Box)

- CHILDREN SIZE: SMALL MEDIUM LARGE
 ADULT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As a parent or legal guardian for _____ (the Participant) I hereby give my consent to Participants participation in the program to be held at the Waukegan Park District. I acknowledge that participation in the program involves the risk of personal injury to participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns hereby (I) fully release and discharge the Moses Cheeks Slam Dunk Basketball Camp, Roelab Athletic Instruction and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without imitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasee.

Signature: _____ Date _____

Parents and / or Guardian must attend check-in to meet with the medical staff.

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is open to boys and girls with diabetes ages 5 to 18 years old. Tuition is free, but space is limited to 75 participants per session.



Slam Dunk Medical Form 2018

(Circle camp) Chicago, IL Rockford, IL Waukegan, IL
 Schererville, IN West Allis, WI Boca Raton, FL

Medical Form for Children With Diabetes
MUST BE COMPLETED BY YOUR PHYSICIAN!

1. Child's Name _____ Child's Date of Birth _____

2. Parents/Guardian Name: _____ Parent/Guardian Contact Number: () _____

3. General Health: _____ Email: _____

Allergies (food, medicine, animals); if asthmatic, please indicate severity: _____

Significant illness or physical disability: _____

Medications other than insulin (with dose): _____

Physical limitations: _____

Non-diabetes hospitalizations (date/diagnosis): _____

4. Most Recent Exam:
Date _____ Height _____ Weight _____ B/P _____

Any abnormal physical findings: _____

5. Exposure to any blood transmissible diseases: Yes ___ No ___

If so, of what nature? _____

6. Diabetes Management: Type 1 ___ type 2 ___ Prediabetes ___

Date of diagnosis: ___/___/___

Recent hospitalizations (for diabetes - list date and diagnosis): _____

Most recent HbA1c results: Date: ___/___/___ Result: _____

Note: It is MANDATORY that the HbA1c test must be within the last 3 months.

Current goals of diabetes management: _____

Any Complications related to diabetes: _____

Child's Name: _____

7. Does the family adjust insulin at home? Yes ____ No ____

8. If child is on a pump, what type? _____ Pump start date _____

If not currently on a pump, will the child be starting on a pump prior to the camp start date? Yes ____ No ____

9. Is the child on a continuous glucose monitor system? CGMS? Yes ____ No ____

If yes, please indicate which CGMS system patient is on: _____

10. Insulin Usage:

Please indicate sliding scale or insulin: carb ratio

Pump Basal Rates

Type	Breakfast	Lunch	Dinner	Bedtime		Time	Rate

Target Glucose Range: _____

Insulin/carb ratio _____

Correction factor _____

Insulin Types and Dosage – Please indicate the sliding scale, if appropriate.

Brand: Lilly ____ NovoNordisk ____ Sanofi Aventis ____

Type: Novolog ____ Humalog ____ Apidra ____ NPH ____ Regular ____ Lantus ____
70/30 ____ 75/25 ____ Other ____

Meal Plan: Number of meals per day ____ Number of snacks per day ____ Insulin for snacks: Yes ____ No ____

11. Emotional Status:

It is imperative that the camp medical staff be aware of any family emotional problems which may affect the child's health at camp. Has the child or family been in counseling over the past year?

Yes ____ No ____

Referred for counseling? Yes ____ No ____

If so, what is the nature of the problem? _____

12. Do you have any specific suggestions for the care of your patient while at camp?

Physician/Practitioner's Signature: _____ Date: _____

_____, MD/DO/NP
Please print/type physician/nurse practitioners name

Address: _____

Telephone: _____

Emergency phone: _____

Please return to the patient's parent as soon as possible. Delay in returning this form may jeopardize the child's application to basketball camp. Thank you for your assistance.

**PARENTS: Please return completed form to Monica Joyce: 541 Kincaid, Highland Park, IL. 60035
or Fax 1-800-933-9101**

During the child's stay at basketball camp, he/she will be monitored as closely as conditions permit. No alterations in management will be made without due consideration by the medical staff. The medical staff consists of experienced nurses and dietitians, under the supervision of a physician volunteer for the Slam Dunk for Diabetes program.

Moses E. Cheeks Slam Dunk for Diabetes

Authorization to Disclose Personal Health Information
HIPPA - (Health Insurance Portability and Accountability Act)

Camper Name: _____

Camper Date of Birth: _____

Name of Custodial Parent/Guardian: _____

I hereby authorize the Moses E. Cheeks Slam Dunk For Diabetes to release the above named camper's Personal Health Information (PHI) as described below:

The purpose of this disclosure is to promote the Moses E. Cheeks Slam Dunk for Diabetes camp program, publicize the Moses E. Cheeks Slam Dunk for Diabetes camp program, and/or fundraise for the Moses E Cheeks Slam Dunk for Diabetes:

The PHI to be disclosed is limited to the following:

() Camper Photograph or likeness

The PHI may be disclosed as part of the Moses E. Cheeks Slam Dunk for Diabetes marketing efforts, including but not limited to, mailing list development for camp, a brochure promoting camp or other educational program, or fundraising events of the Moses E. Cheeks Slam Dunk for Diabetes.

Expiration Date: This authorization shall expire on December 31, 2018.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving Moses E. Cheeks Slam Dunk for Diabetes written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my youth's ability to receive treatment or attend camp.

I understand that I will be given a copy of this signed Authorization.

A copy of this documents is valid as an original . The original is not required to be shown.

Custodial Parent/Legal Guardian Name (Print)

Custodial Parent/Legal Guardian (Signature)

Relationship to Camper