

## 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 May 15, 2019 as space is limited to 75 participants per session.

## CONTACT INFORMATION

- **Monica Joyce 773-636-3353**  
[slamdunkcamps@gmail.com](mailto:slamdunkcamps@gmail.com)

## VISIT OUR WEBSITE:

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



## CAMP LOCATIONS

Chicago, Illinois  
Deerfield, Illinois  
Milwaukee, Wisconsin  
Rockford, Illinois  
Schererville, Indiana  
Wheaton, 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!
- No basketball skills necessary!
- Come have fun and MAKE NEW FRIENDS!
- And best of all tuition is FREE!

## CAMP STAFF

Camp Director  
Monica Joyce MS, RD, LD, CDE

Basketball Director  
Jessica Stanek

Medical Coordinator  
Nancy Todora, RN, BSHA, 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.



**ROCKFORD 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.

**ROCKFORD CAMP DATES**

**June 17 to 19, 2019**

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

**Rookie Sessions**  
Boys & Girls 5-11 yrs. old

**Veteran Sessions**  
Boys & Girls 12-18 yrs. old

**ROCKFORD CAMP LOCATION**

Machesney Park Elementary School  
8615 N. Second Street  
Machesney Park, IL 61115

*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 email at: **slamdunkcamps@gmail.com***

**facebook.com/slamdunkforddiabetes**

visit our website: **www.slamdunkkids.org**

PLEASE FILL OUT AND FAX (800-933-9101) OR MAIL THIS FORM BY MAY 15, 2019 TO:  
**MOSES E. CHEEKS SLAM DUNK FOR DIABETES BASKETBALL CAMP**  
MONICA JOYCE • 541 KINCAID HIGHLAND PARK, IL 60035

PLEASE PRINT CLEARLY

Rockford, Illinois

CAMPERS NAME \_\_\_\_\_ CAMPERS DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PHYSICIAN'S NAME / PHONE NUMBER \_\_\_\_\_ DATE OF DIAGNOSIS \_\_\_\_\_ Type 1 2 Pre (circle one)

PARENT / GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (name & phone) \_\_\_\_\_

**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 Machesney Park School. 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 2019

(Circle camp) Chicago, IL    Rockford, IL    Libertyville, IL  
Wheaton, IL    Milwaukee, WI    Schererville, IN

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, 2019.

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**

# Moses E. Cheeks Slam Dunk for Diabetes

## Assumption of Risk, Waiver, and Release from Liability

I, \_\_\_\_\_ (participants name), desire to participate in the Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp (hereinafter "Slam Dunk Camp"). This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my participation in the Slam Dunk Camp.

- Risk Factors-** I understand and acknowledge that the use of equipment and facilities provided by Slam Dunk Camp and participation in the Slam Dunk Camp involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the equipment or facilities, from the activity itself, from the acts of myself or others, including Slam Dunk Camp and its agents or from the unavailability of emergency medical care.
- Assumption of Risk-** I am participating in the Slam Dunk Camp at my own free will. I understand that my decision to participate in the Slam Dunk Camp is entirely voluntary. I assume full responsibility for all risks that may arise out of or result from my participation in the Slam Dunk Camp, including by not limited to those risks described in Section 1, above.
- Acknowledgement of Policies and Procedures-** I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my participation in the Slam Dunk Camp. I understand that the safe and proper use of all facilities, equipment or participation in the activity is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all rules, regulations and policies of the site hosting the Slam Dunk Camp. I understand that Slam Dunk Camp reserves the right to revoke or terminate my participation in the Slam Dunk Camp for any violations of these rules, regulations, or policies.
- Release, Indemnify, and Defend.** I hereby release, waive, discharge, and hold harmless Slam Dunk Camp, and all of their affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents, representatives, and volunteers past or present (hereinafter jointly referred to as "the Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses ("Claims") for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Slam Dunk Camp. I also agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or related to my own acts or omissions in connection with my participation in the Slam Dunk Camp.
- Prerequisite Skills.** I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the Slam Dunk Camp. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly participate in the Slam Dunk Camp, then I shall direct such questions to the appropriate individuals.
- Waiver-** I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims.
- Payment for Damages.** I agree to pay for any and all damages to any property or Release Party caused by me negligently, willfully or otherwise.
- Representatives.** I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives.
- Consent for Emergency Treatment-** I consent to medical treatment for emergencies that occur during or are related to my participation in the Slam Dunk Camp where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Waiver, and Release from Liability apply to any treatment that might be provided to me under this Section, including but not limited to Section 1, Section 2, and Section 4.
- Insurance-** I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Slam Dunk Camp. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in the Slam Dunk Camp.
- Jurisdiction.** This Assumption of Risk, Waiver, and Release from Liability shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for Jurisdiction and the County of Cook as Venue for any disputes between the parties related to this Assumption of Risk, Waiver, and Release from Liability.
- Severability.** If any term or provision of this Assumption of Risk, Waiver, and Release from Liability is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Release from Liability, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

*I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.*

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read and understand this Assumption of Risk, Waiver, and Release from Liability in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I also give my consent to the participation in the activity of the minor.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_