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 June 1, 2019 as space is limited to 75 participants per session.

**Contact Information**
- Monica Joyce  773-636-3353
  slamdunkcamps@gmail.com

**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.

**Camp Locations**
- Chicago, Illinois
- Libertyville, Illinois
- Milwaukee, Wisconsin
- Rockford, Illinois
- Schererville, Indiana
- Wheaton, Illinois

**Camp Staff**
- Camp Director
  Monica Joyce MS, RD, LD, CDE
- Basketball Director
  Anthony Wofford
- Medical Coordinators
  Teresa Alesia, RN, BSN, CDE
  Jody Gosain, RN, DN, 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.

**Contact Information**
- Monica Joyce  773-636-3353
  slamdunkcamps@gmail.com

**Visit Our Website:**
www.slamdunkkids.org
facebook.com/slamdunkfordiabetes
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.

WHEATON CAMP DATES
June 24 to 26, 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

WHEATON CAMP LOCATION
Hubble Middle School
35600 Herrick Road
Warrenville, IL 60555

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/slamdunkfordiabetes

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

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<thead>
<tr>
<th>Type</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
<th>Time</th>
<th>Rate</th>
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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

1. **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.

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **Representatives** - I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives.

9. **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.

10. **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.

11. **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.

12. **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: ________________