



**Camp Glyndon Diabetes Program Registration Form  
Lions Camp Merrick**



The youth listed below desires to participate in the **Lions Camp Merrick Diabetes Program** (a.k.a. Camp Glyndon at Lions Camp Merrick) during the following session(s): (*Sessions are filled on a first come basis*)

Please <input checked="" type="checkbox"/> the appropriate session(s):	<b>SESSION 1:</b> <i>July 20 to 25</i>	<b>SESSION 2:</b> <i>July 27 to August 1</i>
<b>2008 Camp Glyndon at LCM</b>	<b>SESSION 3:</b> <i>August 3 to 8</i>	<b>FAMILY SESSION<sup>1</sup>:</b> <i>July 17 to 20</i> (Up to four family members, 5 years and older, may attend.)

**CAMPERS WHO ATTEND MULTIPLE SESSIONS MAY NOT STAY AT THE CAMP OVER THE WEEKEND BETWEEN SESSIONS**

**Camper Information**

Camper's name \_\_\_\_\_ DOB \_\_\_\_\_ Age @ Camp \_\_\_\_\_  
 Sex: Male Female Nick name \_\_\_\_\_ Race \_\_\_\_\_  
 **Camper T-shirt size:** **CHILD** small medium large or **ADULT** small medium large XL other \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 E-mail \_\_\_\_\_ SSN<sup>2</sup> \_\_\_\_\_  
 Name of school attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Is camper **Diabetic Type 1?** Yes No **Diabetic Type 2** Yes No **Takes insulin?** Yes No

**Insulin Rx name:** \_\_\_\_\_ Does camper use a pump? Yes No

<sup>2</sup> The Social Security Number is needed for identification purposes and may be required / used in case of a medical emergency. LCM does not, and will not, release any information regarding the child without the consent of the parent or guardian.

**Parent or Guardian Information**

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Remit \$25 non-refundable registration fee along with registration to: LCM, PO Box 375, Waldorf, MD 20604**

**Please make check payable to: Lions Camp Merrick** (LCM also accepts Visa, MasterCard, American Express and Discover – call for details). **Camper participation fees are \$650 per week** and are due a minimum of two weeks prior to the start of camp.

I am interested in receiving **financial assistance** to send my child to Lions Camp Merrick. Please send sponsorship information and an application package to the address listed above (Parent or Guardian Information).

**Family Diabetes Session<sup>1</sup>** In addition to the camper listed above, please register the family members listed below (one camper and up to three family members). All participants must be at least five years old. There is a **\$25 per person registration fee** along with the participation fees of **\$200 for the camper** (listed above) **plus \$150 for each of the family members** (listed below).

	Name	Relationship	Sex	Age	T-shirt size
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

*Camp Glyndon at Lions Camp Merrick is supported by the American Diabetes Association (ADA)*

LCM, 3050 Crain Hwy., #202, PO Box 375, Waldorf, MD 20604, 301-645-5616, fax 301-374-2282, [cmpmerrick@aol.com](mailto:cmpmerrick@aol.com)