

I hereby give permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel and to order x-rays or routine test or treatment for the person listed above.
3. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above.
4. This form may be photocopied for use out of camp.
5. There are no undisclosed conditions that might affect this person's participation in the camp program.

Parent Signature _____

Date _____

Camp Contact Info:
24 County Road 231
Oxford, MS 38655
Phone:(662)-234-2254
Fax: (662)234-4150

E-mail: info@camphopewell.com
Website: www.camphopewell.com

Hopewell & Conference Center
24 County Road 231
Oxford, MS 38655

Diabetes Youth Council
Presents
High School Winter Retreat

The Trip Down Yellow Meter Road



There's NO place like camp!
Join old and new friends for the
first annual winter
retreat for youth
with diabetes!

Where: Camp Hopewell
 When: February 10-12, 2012
 Time: 7p Friday to 11a Sunday
 Cost: \$120
 Deposit: \$25

Mail the deposit by January 27 to:
 24 County Road 231
 Oxford, MS 38655



Items to bring

- A smile
- Bedding/Pillow/Sleeping bag
- Toiletries
 - Toothbrush/paste
 - Deodorant
 - Soap
 - Shampoo
 - Towels
- Diabetes Supplies
- Other medications
- Sleeping Bag
- Bible
- Warm Clothes
 - Hat
 - Gloves
 - Heavy Coat
- A warm inviting attitude



The Trip Down Yellow Meter Road

The Trip down Yellow Meter Road is a retreat for teenagers living successfully with type 1 diabetes. It's a fun and enjoyable winter retreat where you will make friends, do exciting things, and check your diabetes at the door. During this weekend, you come first and your diabetes second.

Program

Friday	Registration
7p	Welcome
	Games
	Touching the heart
Sat	Finding courage
	High and low challenge activities
	Service project
	Knowledge-using your brain with diabetes
	Coffee house singing
Sunday	Wrap up
11:00	Dismissal



TLSWD

To Register

Name: _____

Grade: _____

Address: _____

E-mail: _____

Phone: (____) _____

Circle: Home or Cell

T-Shirt Size: _____

Emergency Contact Name & Number

Phone (____) _____

Circle: Home or Cell

Emergency Contact Name & Number

Phone (____) _____

Circle: Home or Cell

What do you expect to get out of this weekend?

Complete back and mail or fax to Camp

Tear off here and mail form and deposit to 24 CR 231 Oxford, MS 38655