



THE HDYC

JUNE 19-25, 2011
AGES 8-15



THE HDYC

The Harrisburg Diabetic Youth Camp (HDYC) is a one-week summer camp for children and teens ages 8 to 15 with Type 1 diabetes. The HDYC, a Setebaid Services® program, is held at beautiful Camp Victory in Millville, Pennsylvania.

2011 ACTIVITIES

- Archery
- Arts & Crafts
- Boating
- Cabin Wars
- Creek Stomping
- Fishing
- Nature Lore
- Sports & Games
- Campfires & Singing
- Ropes Course with Zip Line & Climbing Wall
- Swimming (in Pool)

PROFESSIONALLY STAFFED:

The camp is staffed by mature adults and experienced professionals, including a Camp Director, a physician Medical Director, and experienced Counselors. All staff (many have diabetes themselves) are trained in child development psychology, working with children, and diabetes health issues.



The HDYC is a member camp of the Diabetes Education and Camping Association (DECA).



Roasting Marshmallows over the campfire at the HDYC.



2011 CAMPER FEES

The Harrisburg Diabetic Youth Camp's Fee is \$995. Return the attached registration form and a \$175 non-refundable deposit immediately! Spaces will be filled on a first-come-first-served basis. Outstanding forms or balances after April 15, 2011 will incur a late fee of \$35. All application forms must be received and balances must be paid in full to attend camp.

REFUNDS

Refunds of the camp fee minus the \$175 non-refundable deposit will be granted if we are notified of cancellation in writing prior to April 15th, 2011. Sorry, we cannot offer refunds after this date for any reason. A complete refund policy is available on our website or upon request.

ACCREDITATION



The HDYC is proud to be accredited by the American Camp Association. This nationally-recognized certification assures you that Setebaid Services® reviews program quality and health and safety issues and that it meets or exceeds national standards. The HDYC maintains the highest standard of care in the diabetes camping industry.

To sign up, simply visit www.thehdyc.org and click  for online registration OR send the next page to The HDYC at the address below:

Join us at The HDYC for the best week of your summer!



SETEBAID SERVICES,® INC.
P.O. BOX 196
WINFIELD, PA 17889-0196
(570) 524-9090
1-866-SETEBAID
www.setebaidservices.org

Setebaid Services,® Inc. is a not-for-profit organization that provides diabetes education and social support programs for people with diabetes. The primary mission of the organization is to enhance the quality of life for people with diabetes by educating them to maintain control of diabetes while living enjoyable and healthy lives.

The HDYC Registration Form
June 19-25, 2011

Camper Name: _____
 Address: _____

 _____ State Zip Code + 4

Home Phone: () _____ - _____
 email: _____ @ _____

Date of Birth: ____/____/____
 Month Day Year

Age: ____ Sex: Male Female

Adult Shirt Size: Small Medium Large XL XXL

Name of Parents or Legal Guardians:

Name _____

Work Phone () _____ - _____

Name _____

Work Phone () _____ - _____

Are you securing financial assistance for your child to attend camp? No Yes: From whom?

All Forms Must be Signed By a Legal Guardian
The information on this form is true and correct to the best of my knowledge. I am registering the camper named above, who has Type 1 diabetes, and understand that the fee of \$175 covers the cost of registration and other expenses. I realize this fee is non-refundable/non-transferable and that refunds will only be given in accordance with the refund policy.

X _____ Date: _____

Registrations will not be processed without a non-refundable \$175 processing fee. For credit card use, please complete the next section.

For Credit Cards Only



Please enter the following information for the Credit Cardholder, as it appears on the billing statement.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ - _____
 Type of Card: Discover MasterCard Visa
 Card #: _____ - _____ - _____ - _____

Expiration Date: ____/____ Security #: ____-____-____
 * Security #: a three digit number on the back of the credit card, usually in the signature block. If the entire card number is in the signature block, the Security # will be the last three digits.

By signing below, I certify that I am over age 18 and the Cardholder of the card listed above. I authorize Setebaid Services, Inc. to charge this card for the deposit and for the camper's account balance on its due date. Any donations listed on the registration form will be charged immediately. I understand that all sales are final and non-refundable/non-transferable. I reserve the right to cancel charging the balance if Setebaid Services receives a written cancellation notice at least two weeks prior to the due date.

Cardholder Sign Here

X _____

Date: ____/____/20

Return this form to:
The HDYC
Setebaid Services, Inc.
P.O. Box 196
Winfield, PA 17889-0196

(Complete this section and mail with your \$50 FA Application Fee **only** if applying for Financial Assistance)

Financial Assistance Application for HDYC

This is an application for financial assistance (FA) to attend The HDYC. FA offered by Setebaid Services® is underwritten, in part, through grants and contributions.

FA is limited and is available for those who qualify on a first-come-first-served basis. Setebaid Services has final say on who receives the available FA. FA is not limited by race, color, religion, sex, national origin, disability, sexual orientation, or any other protected group. Please understand that every effort will be made to offer FA to families in need, but funding is not guaranteed.

Please allow 1 month for review; we will notify you when your FA application has been processed.

CAMPER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PARENT INFORMATION (If address is different, please provide).

Name: _____
 Phone: () _____
 Email address: _____
 How many people are in your immediate family? _____
 How much can you pay? \$ _____
 What is your household income from all sources? \$ _____

You must include a copy of your signed 2010 1040 tax form. Do NOT include W-2, schedules, or any other forms.

Attach another sheet of paper to briefly explain circumstances not reflected in the family size or income stated above.

By signing below, you understand that financial assistance is awarded until the financial assistance funds are exhausted based on minimum criteria and that there is no guarantee that financial assistance will be awarded. You understand that partial assistance may be awarded if you do not qualify for full assistance. You understand that the \$50 fee is non-refundable regardless of whether or not you receive financial assistance. You certify that you are acting as the legal caregiver (parent/guardian) for the child listed above, that you have provided true copies of the required tax forms, and that you have provided information truthfully and to the best of your ability. Further, you understand that if you do not return all forms on time, or if you choose to not attend the program listed above without notifying Setebaid Services® at least 2 weeks in advance, you will be responsible for paying all fees associated with the program.

Parent Signature: X _____