



# THE HDYC

JUNE 17-23, 2012  
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.

## 2012 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)



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

## 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.



Roasting Marshmallows over the campfire at the HDYC.



## 2012 CAMPER FEES

The Harrisburg Diabetic Youth Camp's Total Price is \$1,425, which includes the Camper Fee of \$1,250 and a \$175 Non-refundable Registration Fee. Return the attached registration form and a registration fee immediately! Spaces will be filled on a first-come-first-served basis. Outstanding forms or balances after April 13, 2012 may 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 Camper fee (not the \$175 Non-refundable Registration Fee) will be granted if we are notified of cancellation in writing prior to April 13<sup>th</sup>, 2012. 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](http://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](http://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.

**This section MUST be completed by ALL.**  
**The HDYC Registration Form**  
**June 17-23, 2012**

Camper Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_, State \_\_\_\_\_ Zip Code + 4  
 City \_\_\_\_\_  
 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 the fee of \$175 (\$50 with FA Application) 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 (\$50 with financial assistance) processing fee. For credit card or ACH 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.

Amount:  \$50 (Must complete FA Application)  \$175  Full Payment

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 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**

**For ACH Debit & Multiple Payments Only**

Please enter the following information for the Bank Account Holder, as it appears on the bank statement.

Account Holder Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Type of Account:  Checking  Savings  
 Routing #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

Payment Authorization: I authorize my bank to debit my account as identified above for (check one):

- Full Balance \$1,425.00
- \$175 Registration Fee Now & \$1,250 on \_\_\_\_/\_\_\_\_/12
- \$175 Registration Fee Now & Payments of \$\_\_\_\_\_ on the 5th of each month thereafter until paid in full

I understand this payment plan may be cancelled by the Service Provider or Setebaid Services (the Merchant) due to NSF (Non-sufficient Funds). I will be liable to pay outstanding balances, any collection fees, late fees, and an NSF fee of \$35.00 (or the amount allowed by law), which may be automatically debited. I understand registration fees are non-refundable and other fees are refundable only if the refund is requested in the timeline as outlined on the attached information form (page 1). Further, I understand fees must be paid in full by the dates outlined on page 1 or I will be responsible for late fees as outlined on page 1. I agree all sales are final; if extenuating circumstances warrant any refunds, I understand they will be sent to me via check from Setebaid Services.

I represent and warrant I am authorized to execute this payment authorization. I indemnify and hold the Service Provider, the bank & the Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Account Holder Sign Here Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

X \_\_\_\_\_