

2010 Camp Wanna Cure for Children with Diabetes



When

Monday - Friday, July 12 - 16, 2010
9:00 a.m. to 3:30 p.m.

Where

Jewish Community Center
5403 Monument Avenue
Richmond, Virginia
(804) 265-6500

Who

Camp Wanna Cure is exclusively for rising first through fifth graders (ages 6-11) with Type 1 or Type 2 diabetes.

Registration is limited to the first 18 applicants, so get your application in right away! Priority is given to VCUHS patients.

Why

Attending diabetes camp improves diabetes education, self-management skills, and blood sugar control. It is also one of the best ways for your children to meet other kids their ages with diabetes.

During the week, your children will hang out with kids their own ages with diabetes, learn about diabetes from certified diabetes educators, enjoy a variety of typical camp activities like swimming and creating cool projects, and gain confidence and independence in their ability to manage their diabetes.

We'll have lots of fun activities around this year's theme: *Camp Wanna Cure's Got Talent!*

Cost

Registration fees are \$175.00 per child. Limited scholarships are available for those in need of financial assistance. Included in this cost are all activities. *Campers should bring their own lunches and snacks each day.*

Qualified Staff

A medical director is on call at all times. The camp is also staffed with two nurses, activity coordinators, and certified diabetes educators.

Sponsors

Camp WannaCure is sponsored by VCUHS/MCV Medical Center, Eli Lilly, Animas Corporation, Medtronic Corporation, Life Scan, Novo Nordisk, Deep Run High School, the Daily Grind, Juvenile Diabetes Research Foundation, and VCU Hospital Auxiliary.

Questions

For additional questions or information, contact:
Mary Henck (804) 321-7474 ext 6585
Georgia Price (804) 360-9141 (evenings)

**Registration Form for Camp
Wanna Cure 2010**

Deadline: July 12 - 16, 2010

Child's name:

Child's age: -----

Grade as of September 2010: -----

Male ----- Female -----

Address: -----

City, State, ZIP:

Parent Name: -----

Daytime Phone: -----

Evening Phone: -----

Cell Phone: -----

Email: -----

Physician Name and Telephone:

I would like a scholarship application (Financial assistance is based on need.)

T-shirt size:

Child S M L
Adult S M L XL

Mail registration and payment to:

**Mary Henck
Children's Hospital
2924 Brook Road
Richmond, VA 23220**

Make checks payable to:

**VCU Children's Medical Center
Diabetes Camp**

Please note that we will be asking for more detailed information from you before camp begins about your child's diabetes management plan, swimming ability, food allergies, and any other special needs.

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