

## Who

Camp WannaCure 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 Children's Hospital of Richmond (CHoR) Pediatric Endocrinology 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, 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 WannaCure's Gone All-American!*

## Cost

Registration fees are \$175.00 per child. All activities are included in the \$175 fee. Limited scholarships are available for those in need of financial assistance. *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 Children's Hospital of Richmond of the VCU Health System, Eli Lilly, Animas Corporation, Medtronic Corporation, Life Scan, Novo Nordisk, Deep Run High School, Juvenile Diabetes Research Foundation, and the MCVH Auxiliary.

## Questions

For more information or questions contact: Alyssa Wehrmeister at (804) 628-3745 or [awehrmeister@mcvh-vcu.edu](mailto:awehrmeister@mcvh-vcu.edu) or contact Georgia Price at (804) 360-9141.

## Registration Form

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*Child's name*

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*Child's Age*

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*Grade as of September 2011*

*Male*

*Female*

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*Address*

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*City, State, ZIP*

*Parent Name:* \_\_\_\_\_

*Daytime Phone:* \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_

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*Parent E-mail*

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*Physician Name and Telephone*

*T-shirt size: (Please circle one.)*

*Child*    *S*        *M*        *L*

*Adult*    *S*        *M*        *L*        *XL*

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

## Registration & Payment

Please mail camp registration form and payment to:

**Alyssa Wehrmeister**  
c/o Suzanne Britt  
Children's Hospital of Richmond  
P.O. Box 980646  
Richmond, VA 23298-0646

Make checks payable to:

**Virginia Commonwealth University**

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.

**We look forward to seeing your child at the 2011 Camp WannaCure for Children with Diabetes!**

**Register now for  
Camp  
WannaCure 2011!**



**Summer 2011**

**Camp WannaCure  
for Children with Diabetes**

**Monday - Friday**

**July 11-15, 2011**

**9 a.m. to 3:30 p.m.**

**Jewish Community Center**

**5403 Monument Avenue**

**Richmond, VA 23226**

