

Master KRTW List of Correspondence Documents

- ✓ Welcome letter
- ✓ Orientation Invite
- ✓ KRTW Registration Form
- ✓ KRTW Correction Doses form
- ✓ KRTW Release form
- ✓ Important Information for the day
- ✓ Map to PC Roasters
- ✓ NAC Release form
- ✓ NAC Participant Questionnaire
- ✓ NAC Orientation
- ✓ Quality of Life form-teens
- ✓ Quality of Life form-parents



Dear KRTW Participant:

Welcome to Kids Rock The World (KRTW)! We are really excited to have you be a part of this incredibly fun day on Saturday, May 14, 2011 at the National Ability Center (NAC) in Park City.

Enclosed are a few things that you'll need and that we need from you:

- ❖ Release forms from the KRTW, National Ability Center **(to be returned)**
- ❖ Registration forms from KRTW, NAC **(to be returned)**
- ❖ Short questionnaires for teen and parents **(to be returned)**
- ❖ Insulin/Dietary/Correction Dose Information **(to be returned)**
- ❖ An invitation to Orientation in Salt Lake City **(please RSVP)**
- ❖ Important information about the day of the event
- ❖ Maps for drop off/pick up location for the day of the event
- ❖ Check made out to Kids Rock The World for \$15 **(to be returned)**

Please return the forms and RSVP for Orientation as soon as possible. Campers will not be able to attend the event unless all release forms have been signed and returned. Please send to:

Kids Rock The World
1776 Park Ave., #4
PMB 770-170
Park City, UT 84060

We have many great things planned for you and look forward to meeting you/welcoming you back. Just remember, Orientation will be your only chance before the event to meet our staff and get your questions answered in person. So, don't forget to RSVP and feel free to contact me with any questions you might have.

All the best,

Aimee Greenholtz
Kids Rock The World Chair
435-640-9115
agreenholtz@keyvive.com



Orientation for Kids Rock The World

Who: For parents AND teens

What: We'll have brief introductions of our staff, talk about the Ropes Course and then break out into parent and teen groups. At the end, we'll hand out t-shirts and raffle cool door prizes!!

PLEASE BRING ANY FORMS THAT NEED TO BE RETURNED TO ORIENTATION!!

When: Saturday, May 7, 2011
TIME: 12:00 – 1:30 p.m.

Where: Salt Lake City Community College – Miller Campus
Karen Gail Miller Conference Center
9750 South 300 West
Sandy, UT 84070

Directions:

Please see directions and map on the next two pages.

**Don't forget to RSVP to Christy @ christy@keyvive.com or 435/640-9115

Salt Lake Community College Miller Campus

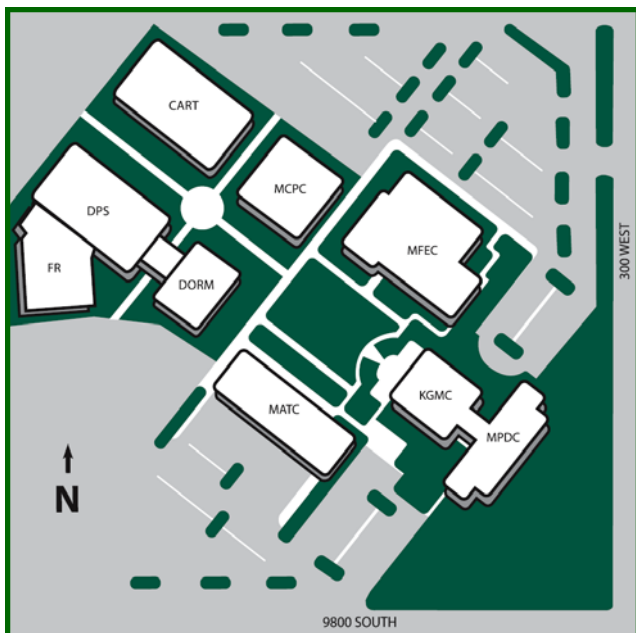
Directional Map & Campus Directory

9750 South 300 West
Sandy, Utah
(801) 957-5200

Miller Campus Directory

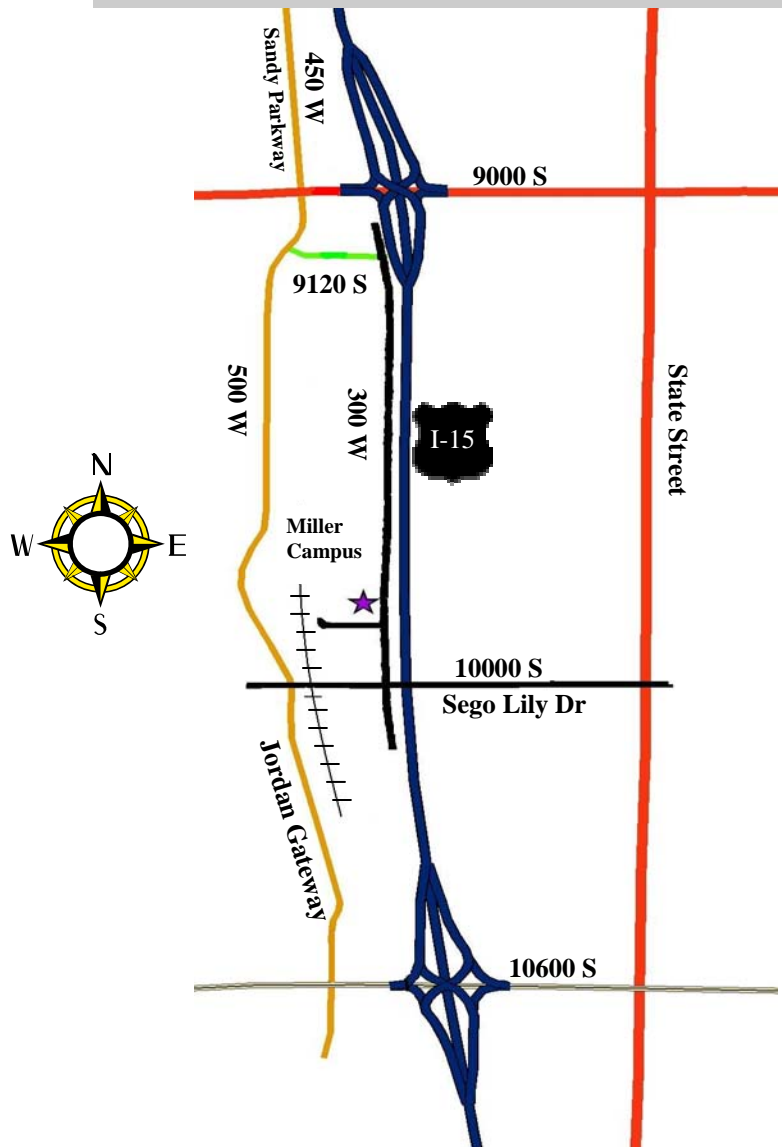
- *CART Culinary Arts Center**
Cafeteria/Food Services
Banquet Rooms
- *DPS Department of Public Safety**
Classrooms
Dorms
Firing Range
- KGMC Karen Gail Miller Conference Center**
Conference Center
- MATC Miller Automotive Training Center**
Automotive
SLCC Institute of Public Safety
- MCPC Miller Corporate Partnership Center**
Continuing & Community Education
Miller Business Innovation Center
PacifiCorp
Utah Small Business Development Center
- MFEC Miller Free Enterprise Center**
ACT Testing Center
Auditorium
Corporate Training
Faculty/Student Support Office
Program & Course Development
Supported Employment
UHP/Emissions
- MPDC Miller Professional Development Center**
Finance Office
Conferencing Services
Distance Education
Enrollment Services

* Not Official Names



Driving from The North:

Take I-15 South to Exit 295 (9000 South). Exit right (west) onto 9000 South and proceed to 450 west (1st light). Turn left (south), go to 9120 South & turn left (east), go to 300 West (frontage road) & turn right (south). Proceed 6 blocks south along frontage road.



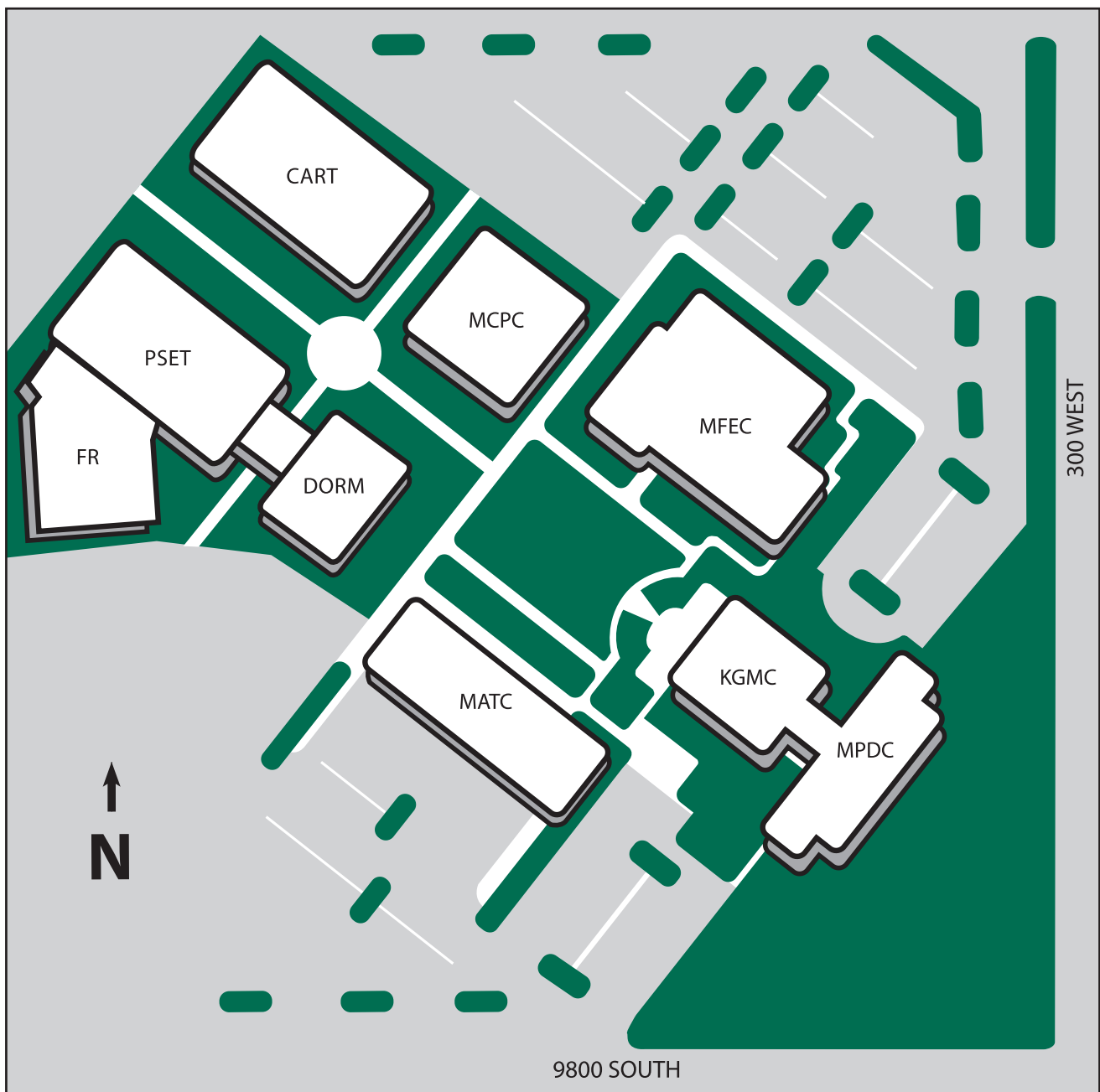
Driving from the South:

Take I-15 North to Exit 293 (10600 South) after exiting, turn left (west) and proceed to Jordan Gateway. Turn right (north), go to light at 10000 South (Sego Lily Dr) in Sandy. Turn right (East), go over the railroad tracks & turn left (north) on 300 West (frontage road). Proceed 2 blocks north along frontage road.

Miller Campus (LHM)

9750 South 300 West - Sandy, Utah 84070

- | | | | |
|------|--|------|--|
| CART | Culinary Arts Center | MPDC | Miller Professional Development Center |
| DORM | PSET Dormitory | MATC | Miller Automotive Training Center |
| PSET | Larry & Gail Miller Public Safety
Education and Training Center | MCPC | Miller Corporate Partnership Center |
| FR | PSET Firing Range | MFEC | Miller Free Enterprise Center |
| KGMC | Karen Gail Miller Conference Center | MPDC | Miller Professional Development Center |





KIDS ROCK THE WORLD Participant Registration Form

CAMPER NAME:

DATE OF BIRTH:

ADDRESS:

CITY:

STATE:

HOME PHONE#:

GENDER: Male, Female (circle)

ETHNICITY (optional):

DIABETES PHYSICIAN:

ADDRESS:

CITY:

STATE

PHONE#:

MOTHER'S/GUARDIAN'S FULL NAME:

MOTHER'S/GUARDIAN'S ADDRESS:

CITY:

STATE:

HOME PHONE#:

Cell Phone:

EMAIL ADDRESS:

MOTHER'S/GUARDIAN'S EMPLOYER:

MOTHER'S/GUARDIAN'S WORK/DAY TIME PHONE #:

FATHER'S/GUARDIAN'S FULL NAME:

FATHER'S/GUARDIAN'S ADDRESS:

CITY:

STATE:

HOME PHONE#:

Cell Phone:

EMAIL ADDRESS:

FATHER'S/GUARDIAN'S EMPLOYER:

FATHER'S/GUARDIAN'S WORK/DAY TIME PHONE #:

Mail information to this address: ___Mother's ___Father's ___Camper's

FOR THE PARTICIPANT TO FILL OUT

At what age were you diagnosed?

What is your current management routine (Shots vs. pump):

Who are your family members living at home? Ages of siblings?

What has been your family's response to the routine and requirements of your diabetes?

What is your biggest struggle with diabetes?

What word would you use to describe your most common feeling about having diabetes?

How did you hear about KRTW?

What would you like to get out of the day?



KIDS ROCK THE WORLD

Correction Doses

Insulin Dietary Information

Name _____ Type 1 or 2? _____

Does your child follow a diet plan at home? Yes _____ No _____
 If yes, what kind:

Has your child ever been taught carbohydrate counting? Yes _____ No _____
 If yes, when?

Has your child been taught the exchange system? Yes _____ No _____
 If yes, when?

Please list the total carbs (or combined milk, fruit and bread exchanges) camper would eat at the following meal times assuming their blood sugar is 70-120. One Carb = 15g of Carbohydrate.

Meal	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Example	3	1	4	1	4	2
Actual						

Insulin: Read the label on YOUR CHILD's bottles carefully. Circle all that apply:

Brand: Lilly Novo Nordisk Aventis
 Type: Humalog/Novalog Regular NPH Ultra Lente Lantus

Dose or bolus (1 unit/10 grams of carbs): A.M.: _____ Noon: _____ P.M. _____

If camper uses an insulin pump, please provide the following:
List Basal start time and rate:

#1	_____	_____
#2	_____	_____
#3	_____	_____
#4	_____	_____
#5	_____	_____
#6	_____	_____
#7	_____	_____

Correction Doses

If your child is over 140 without food, what dosage of insulin would you give your child? _____

If your child is over 200 without food, what dosage of insulin would you give your child? _____

If your child is under 70, how would you treat your child? _____



KRTW (Kids Rock The World) CONSENT FORM

I give my permission for my child to attend the KRTW (Kids Rock The World), event to be held on May 14, 2011, at National Ability Center in Park City, Utah. In case of emergency, I authorize KRTW staff or their representative, to approve and obtain any necessary emergency medical care. Permission is given to KRTW to use our child in any pictures, films, quotes, or videos, which will promote or benefit the work of the organization on behalf of those with diabetes. Permission is also given to KRTW to transport our child to/from the National Ability Center in Park City, Utah.

Signature of Parent/Guardian: _____ Date: _____

Name of child: _____

Date of Birth: _____

LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of my child's participation in the activity offered by KRTW, I/we, the undersigned, hereby agree to indemnify and hold harmless KRTW, its officers, agents, representatives, volunteers, and/or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that my child may sustain while participating in any activity connected with KRTW, whether such death, injury or damage to property is caused by the passive or active negligent act or omission of KRTW, its officers, agents, representatives, volunteers, and/or employees or any other cause, except intentional torts, fraud, or violation of law. I agree that I will make no claim against KRTW, its officers, agents, representatives, volunteers, and/or employees for any injury or liability for which I have hereby indemnified KRTW. If any portion of this agreement is held to be invalid by a court of law, it is agreed that the remainder shall continue to be in full legal force and effect.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION FOR RELEASES

Yes No



Important Information for Saturday, May 14th

Where to meet

Please drop your child off at the following location (please see map for exact location) on Saturday, May 14th:

-8:15 a.m. Park City Roasters Parking Lot, in same lot as TJ Max & World Market, Park City

A van will take you to The National Ability Center in Park City. (Parents: When you drop off your teen, you will receive a list of cell phone numbers where you can reach us throughout the day, if necessary.)

*** Please be on time. Vans will leave promptly!

***Please do not drop your child off at The National Ability Center (This day is just for the kids. Thanks!!)

At the end of the day

Parents, please return to Park City Roasters Parking Lot to pick up your child:

-5 :30 p.m., Park City Roasters Parking Lot, in same lot as TJ Max & World Market, Park City

***Please be on time to pick up your child!

What to wear

Comfortable clothing (athletic pants, jeans, tennis shoes) & your Kids Rock The World t-shirt! (If you are not able to attend Orientation, you will receive your t-shirt on the van ride to the

Event).

What to bring

To ensure a safe and successful day, please bring the following items:

- Your meter & test strips
- Your insulin (extra pump supplies, insulin, syringes, etc.)
- A copy of your correction doses
- Your choice of treatments for low blood sugar
- Sunblock

Please note we will also have a diabetes doctor, CDEs & medical supplies on site all day.

Remember, morning & afternoon snacks, & lunch will be served so there is no need to carb-up. We will be monitoring campers' glucose numbers closely! You may, though, bring any special food you'd like to have with you. And, don't forget to eat breakfast!

Last Note

While kids may bring cell phones to KRTW, electronic gear must remain in backpacks or with belongings. Teens will not be allowed to use them on the Ropes Course. And remember, KRTW is all about empowerment, therefore, this day is for kids only!

**DIRECTIONS TO
Kids Rock The World Event
5-15-10**

**Meet at Park City Coffee Roasters -- Parking Lot
1680 W. Ute Blvd.
Park City, UT 84098
435-647-9097**

From the East (Salt Lake City Area)

Take I-80 East toward Cheyenne. Take exit 145 toward Park City. Turn right onto Olympic Parkway/Hwy 224. Turn left on Landmark Drive (Ute Blvd.). Make first right onto Sagewood drive and turn left immediately into parking lot.

From The West (Heber/Provo)

Take highway 40 North. Exit I-80 West for Salt Lake. Take exit 145 toward Park City. Turn left onto Olympic Parkway/Hwy 224. Turn left on Landmark Drive (Ute Blvd.). Make first right onto Sagewood Drive and turn left immediately into parking lot.

NATIONAL ABILITY CENTER/DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM AND MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the NATIONAL ABILITY CENTER'S/DISABLED SPORTS USA'S, related events and activities, I and/ or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/ or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used and if I believe to the best of my ability that anything is unsafe, I and/ or the minor participant will immediately advise the NATIONAL ABILITY CENTER/DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/ or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any of the equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue the NATIONAL ABILITY CENTER/DISABLED SPORTS USA, its affiliated clubs, their represented administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or in part by the negligence of the release or otherwise.

I/ WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participants Name Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of the Releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ **Age** _____ **Male** _____ **Female** _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to National Ability Center/Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending the National Ability Center/DS/USA event. I further agree that National Ability Center/DS/USA may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature _____ **Date** _____



NATIONAL
ABILITY
CENTER

Participant Information

The thorough and accurate completion of this form is mandatory for you to participate in our programs. Our focus is to provide a safe and fun environment for all programs, and the facts you disclose will be confidential. This information will better prepare our staff to serve you, and respond professionally in the unlikely event of an emergency or illness. **Please complete this form and return it to your program coordinator within your organization. Thank You.**

Date: _____ Email: _____ Program Attending: _____
Name: _____ Birth Date: _____ Ht. ____ Wt. ____ Sex: M F
Address: _____
City/State: _____ Zip: _____
Parent/Guardian/Contact (if under 18): _____
Phone: Home: _____ Work / Cell: _____
Emergency Contact: _____ Phone: _____
Disability: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PHYSICAL HEALTH

Activities may be strenuous, either physically and/or mentally, please make information as detailed as possible.

How would you describe your lifestyle? (Sedentary, routine exercise, athlete, etc.):

What activities does this include? _____

What two things would you like to accomplish by participating with us? (Be specific)

1. _____

2. _____

Fears or phobias: _____

(PLEASE COMPLETE REVERSE SIDE)

Are you currently under any medical treatment for a disease or condition? Yes ___ No ___

If YES Please explain: _____

Are you currently taking any medication? Yes ___ No ___

If yes, please give the name, dosage, frequency and side effects?

Do you have any allergies, including foods, animals, medications, bites or stings?

Yes ___ No ___ If yes please list _____

Do you have any physical limitations? Yes ___ No ___ If yes circle all that apply:

Balance Muscle tone Neck Spine Arms Hands Hips Knees Ankles/Feet

Detailed explanation: _____

Do you require a mobility assistance device? Yes ___ No ___ If yes circle all that apply:

Wheelchair Walker Crutches Braces Cane Prosthesis Other

Detailed explanation: _____

Do you have any sensory limitations? Yes ___ No ___ If yes circle all that apply:

Sight Hearing Speech Touch Hyper-sensation Hypo-sensation Other

Detailed explanation: _____

Do you have any cognitive limitations? Yes ___ No ___ If yes circle all that apply:

DD Dyslexia Fear Literacy Processing delay Aphasia ADHD/ADD Other

Detailed explanation: _____

Do you have any other medical limitations? Yes ___ No ___ If yes circle all that apply:

Diabetic Pregnant Seizure disorder Heart condition High blood pressure Other

Detailed explanation: _____

I understand that the information I have provided on this form is required in order to be a participant in this program. I acknowledge that this information is current, complete and accurate and there is nothing I have omitted. I give permission to the NAC staff to call for emergency medical treatment if it becomes necessary.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(IF UNDER THE AGE OF 18)

National Ability Center
Adventure Learning Program
Participant Orientation

The purpose of this Orientation sheet is to provide you with information about:

- The concepts of Challenge by Choice and Full Value Contract.
- The activities in which you will be participating.
- What you will need to bring with you for the day.

Challenge by Choice

Within the Adventure Learning Program we utilize the Challenge by Choice concept. This means that you determine your level of participation in each event. There are many possible levels of participation and many helpful roles that participants may take on within the team. One may choose not to walk across the “cat walk” (traversing on a log 25 feet above the ground, with a safety rope) yet still be an active and valuable participant by offering support and encouragement to a teammate from the ground.

During the course of your program you will encounter a variety of initiatives/puzzles that will require your mind, body and teammates to successfully complete. Many opportunities to be creative and practice effective communication skills will arise. Please come prepared to engage with your team to solve the intriguing initiatives that you will encounter.

Full Value Contract

Our commitment to each Adventure Learning Program participant is to provide the most positive and comprehensive experience possible. In return, we request the following from each participant:

- Challenge yourself. Try to expand the boundaries of your “comfort zone.” The initiative activity challenges are intended to explore new ways to work together and solve problems. Through focused participation in these activities, participants may enhance leadership and teambuilding skills.
- Participate with sincerity and enthusiasm. Contribute to the quality of the experience for yourself and for the other participants, by being fully involved at whatever level you choose.
- You will be provided with detailed information from a facilitator about the initiative events that you participate in. Please be attentive during all initiative briefing.
- Safety is our primary concern. Please follow all safety instructions. If safety becomes compromised at any time we will discontinue the activity.

What to Bring

We will try to be outside for most activities if the weather cooperates. Please come prepared with plenty of sun screen, hat, long pants and shirt, and sneakers. All clothing should be comfortable and allow for movement. Individuals wearing flip flops and/or sandals will not be allowed to participate in our climbing activities.

Please be honest with us about your physical limitations. You should report any past or current physical concerns on the participant information form, and also discuss such concerns with a facilitator prior to any activity.

Most importantly.....**HAVE FUN!!!!**

KIDS ROCK THE WORLD Quality of Life Questionnaire – Teens

- 0 = Never
 1 = Almost Never
 2 = Sometimes
 3 = Often
 4 = Almost Always

1.	I am sad or blue.		4	3	2	1	0
2.	I worry a lot about my diabetes.		4	3	2	1	0
3.	I miss days at school.		4	3	2	1	0
4.	I feel good about myself.		4	3	2	1	0
5.	It hurts to prick my finger or take insulin shots.	4	3	2	1	0	
6.	My parents and I argue about my diabetes care.		4	3	2	1	0
7.	I am embarrassed or mad about having diabetes.		4	3	2	1	0
8.	I think good things will happen to me.		4	3	2	1	0
9.	I remember to do most of my diabetic care.	4	3	2	1	0	
10.	Diabetes stops me from doing things I want to do.		4	3	2	1	0
11.	I have fun with friends.		4	3	2	1	0
12.	I spend time with another kid with diabetes.		4	3	2	1	0

KIDS ROCK THE WORLD Quality Of Life Questionnaire – Parents

- 0 = Never
 1 = Almost Never
 2 = Sometimes
 3 = Often
 4 = Almost Always

1.	My child is sad or blue.	4	3	2	1	0
2.	My child worries about diabetes.	4	3	2	1	0
3.	I worry about my child's diabetes.	4	3	2	1	0
4.	My child misses school because of his/her diabetes.	4	3	2	1	0
5.	My child feels good about himself/herself.	4	3	2	1	0
6.	My child and I argue about diabetes care.	4	3	2	1	0
7.	My child feels good about the future.	4	3	2	1	0
8.	My child does his/her diabetic care without my reminder.	4	3	2	1	0
9.	Diabetes prevents my child from doing many things.	4	3	2	1	0
10.	My child is able to enjoy his/her friends.	4	3	2	1	0
11.	I talk with other parents who have a child with diabetes.	4	3	2	1	0
12.	I feel alone in dealing with my child's diabetes.	4	3	2	1	0