

NAME OF CHILD: _____

Insurance Information:

Please check Insurance Carrier:

___ PEIA ___ CHIP ___ Mt. State BCBS ___ The Health Plan Other: _____

Insurance Policy Number: _____

Name of Policy Holder: _____ ID Number: _____

*******Include a copy of your Insurance card******

Please indicate:

___ I wish to be considered for support from my insurance company (must be one of the 4 listed above) for the cost of camp.

___ I will be responsible for the cost of camp.

Referring Physician's Information:

Name of Physician: _____ Specialty: _____

Physician's Phone Number: (____)-____-____ Physician Fax: (____)-____-____

*******Enrollment into Camp NEW You will not be considered without physician referral form******

Statement of Commitment:

Camp NEW You requires a Statement of Commitment from both parent/guardian AND the camper. These statements not only help Camp NEW You @ MU to determine if this experience is best suited to your needs, but also help in the selection of eligible participants to receive support from the participating insurance carriers (PEIA, Mountain State Blue Cross/Blue Shield, Health Plan, and CHIP). Statement of Commitment forms are included below.

CNY Requirements:

- Child must be between the ages of 11-14 years as of June 1, 2010
- Child must have a BMI greater than the 85th percentile for age and gender
- Must have a physician's referral
- Must have cost of camp (\$2750) covered either 1) through participating insurance provider or 2) must pay camp cost out of pocket
- Child must be able to be physically active
- Both child and parent must write and sign a letter of commitment
- Must submit \$100 deposit (refundable if all program requirements completed)
- Must submit \$100 insurance co-pay
- At least one parent/guardian must attend all parent/guardian sessions (including the 3 follow-up weekends)
- Child must attend all sessions (including the 3 follow-up weekends)
- Child must stay for residence camp the entire two weeks or family may be required to reimburse the insurance company

I have read and understood the CNY requirements as described above, and agree to participate as described. I attest that all information I have provided is correct. I understand that all required information as stated above must be provided to CNY before my child will be considered for acceptance into the CNY 2010 program.

Parent/Guardian Signature: _____ Date: ___/___/___

NAME OF CHILD: _____

DATE: _____

Parent/Guardian Statement of Commitment

I agree to attend all four camp sessions as designated in camp materials (July 11-24, 2010; Oct 1-3, 2010; Feb 4-6, 2011; June 17-19, 2011), and to provide the necessary support and guidance to help my child maintain a healthy lifestyle outside of the camp environment.

YES

NO

Written Statement of Commitment:

Why is this opportunity important to you?

What major life changes have occurred in your family over the past few years? (For example, death of loved one, job loss, divorce, marriage, birth of a child, major weight loss, major weight gain, adoption of a child, move to a new location.) How did you deal with these changes?

What would you be willing to do in order to help change your child's lifestyle? (Health/weight)

What have you done in the past to change your child's lifestyle? (Health/weight?)

Why do you think your child's participation in CNY will be successful?

What do you expect to get out of CNY?

Are you willing to make a commitment to change your behavior?

Child's Name

Parent's/Guardian's Signature

NAME OF CHILD: _____

DATE: _____

Camper (Child) Statement of Commitment

I agree to attend all four camp sessions as designated in camp materials (July 11-24, 2010; Oct 1-3, 2010; Feb 4-6, 2011; June 17-19, 2011). I also agree to make efforts to maintain a healthy lifestyle outside of camp related activities.

___ YES

___ NO

Written Statement of Commitment:

Why is this opportunity important to you?

What major life changes have occurred in your family over the past few years? (For example, death of loved one, job loss, divorce, marriage, birth of a child, major weight loss, major weight gain, adoption of a child, move to a new location.) How did you deal with these changes?

What are you willing to do in order to change your lifestyle? (Health/weight)

What have you done in the past to change your lifestyle? (Health/weight?)

Why do you think your participation in CNY will be successful?

What do you expect to get out of CNY?

Are you willing to make a commitment to change your behavior?

Parent's Name

Camper's (Child's) Signature