



2019 Camp Lions

FREE Youth Camp for Blind and Deaf Ages 7-17 Years Old

ELIGIBLE YOUTH ATTEND CAMP LIONS for FREE

Eligible Campers must be between the ages of 7-17 years old, and must have either a vision loss of 20/70 after best correction and/or a hearing loss which requires daily use of communication alternatives such as sign language or lip reading and or use of a hearing aid, cochlear implant, or similar auditory device. Campers must be able to do all personal care and hygiene. Counselors do not provide one to one care. Campers should also be independently ambulatory to maneuver the campgrounds & able to understand & follow Counselor directions in all camp activities.

A \$15 deposit is required for group photo and camper personal spending money

2019 Camp Lions Camps

6-23-2019 to 6-29-2019 Youth Camp Hearing/Vision Week:

Henry Horner, 26710 W. Nippersink Road Ingleside, IL

Check in **Sunday June 23**, 2pm-4pm

Check-Out **Saturday June 29**, 9am-11am

6-30-2019 to 7-6-2019 High Adventure Camp for Students 13-17/Adults 18-24

1327 Camp Cedar Point Ln **Cedar Point Makanda, IL**

Check in **Sunday June 30**, 2pm-4pm

Check out **Saturday July 6**, 9am-11am

7-14-2019 to 7-20-2019 Youth Camp Hearing Week:

East Bay 24248 Ron Smith Memorial Highway Hudson, IL

Check in **Sunday July 14**, 2pm-4pm

Check out **Saturday July 20**, 9am-11am

7-21-2019 to 7-27-2019 Youth Camp Vision Week:

East Bay 24248 Ron Smith Memorial Highway Hudson, IL :

Check in **Sunday July 21**, 2pm-4pm

Check out **Saturday July 27**, 9am-11am

7-28-2019 to 8-3-2019 Youth Vision/Hearing Week:

Camp Manitowa 12770 N. Benton Road Benson, IL

Check in **Sunday July 28**, 2pm-4pm

Check out **Saturday August 3**, 9am-11am

Lions of Illinois Foundation

2254 Oakland Drive Sycamore IL, 60178

PH: 815-756-5633 Fax: 815748-9087

camplions@lifnd.org

www.lionsofillinoisfoundation.org

FAX FORM



All Registration Forms must be complete, including \$15 Check or Money order, and received no later than **MAY 1st 2019 to guarantee your **FREE T-SHIRT** Final Deadline is June 1st 2019**

To:	Camp Lions Team	From:	
Fax:	815-748-9087	Pages:	
Phone:		Date	
Re:		E-mail	

Urgent	For Review	Please Comment	Please Reply	
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Comments: _____



2019 Youth Camper Application

(For children 7-17 Years of Age)

Lions of Illinois Foundation

2254 Oakland Drive Sycamore, Illinois 60178

815-756-5633 – Fax: 815-748-9087

camplions@lifnd.org

T-Shirt Sizes Please Circle One

Youth Sizes

S M L XL

Adult Sizes

S M L XL 2XL

Please **PRINT** – All information must be received for application to be approved. Incomplete/illegible forms may be returned. **Deadline to submit May 1st, 2018 to guarantee your FREE T-SHIRT.**

All applications are subject to approval

Youth Camp Lions Schedule Please X one camp you wish to attend

- 6-23-2019 to 6-29-2019 Hearing/Vision Week Henry Horner, Ingleside, IL**
- 6-30-2019 to 7-6-2019 High Adventure Camp for Students 13-17/Adults 18-24 Camp Cedar Point, IL**
- 7-14-2019 to 7-20-2019 Hearing Week East Bay, Hudson, IL**
- 7-21-2019 to 7-27-2019 Youth Camp Vision Week East Bay, Hudson, IL**
- 7-28-2019 to 8-3-2019 Youth Vision/Hearing Week Camp Manitowa, Benson, IL**

All completed applications received will be reviewed for eligibility.

Only completed camper applications will be assigned to a camp after review.

All approved campers will receive an e-mail approval letter.

Parents/Legal Guardian please complete ALL registration forms and use check list below to confirm all information has been filled out and included in your e-mail/fax or mailing.

CHECKLIST

CAMPER INFORMATION	INSURANCE INFORMATION INCLUDING COPY OF INSURANCE CARD	
PARENT/LEGAL GUARDIAN INFORMATION	PHYSICAL EXAM WITH PHYSICIANS STATEMENT AND SIGNATURE	
INCLUDE CURRENT E-MAILS		
EMERGENCY CONTACT INFORMATION	CONSENT FORM FOR CAMPER TO PARTICIPATE -INITIAL ALL BOXES	
“Pick Up” PERMISSONS FOR CAMPER	CODE OF CONDUCT SIGNED BY PARENT/GUARDIAN AND CAMPER	
GENERAL HEALTH INFORMATION- MEDICAL INFORMATION	\$15 CAMPER FEE	
SELF HELP SKILLS	T-Shirt Size– located on the top of this page Completed Registration must be received by May 1st to Guarantee a FREE T-Shirt	
EQUIPMENT CARE	TIMBER POINTE RELEASE FORM (East Bay Campers Only)	
ACTIVITIES INFORMATION		

Camper will be placed on a waiting list if camps sessions are filled. Camper may choose alternate camp session if available. Parent/Guardian will be notified by e-mail if camp session desired has been filled.

Camp Lions Youth Camp Registration Form 2019

Camper Information

Last Name: _____ First Name: _____

Nickname: _____ Date of Camp: _____ T-Shirt Size _____

Home Phone # : (____) _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Age at start of Camp: _____ Date of Birth: ____/____/____ Gender: Male__ Female__

Has child been to Lions Camp before? Yes / No When _____

Camper's Primary Disability: _____

Parent/Legal Guardian Information

Please include a current email address communication will be sent through your e-mail address

Mother/Legal Guardian: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Legal Guardian: _____

Address: _____

City/State/Zip _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact Information

Must be an adult 18 or older, will be called only if parent(s)/Guardian(s) cannot be reached.

Name: _____ Relationship _____

Home Phone #: _____ Cell Phone #: _____

Address: _____ City/State/Zip _____

PICK-UP PERMISSIONS(S): Only the person(s) listed below will be allowed pick-up my child from Camp Lions after presenting a valid driver's license for identification:

Signature of Parent or Guardian: _____ Date signed: _____

1. Parent(s) Name: _____ Phone Number: _____

2. Alternate Driver Name: _____ Phone Number: _____

Camper General Health Information

To be completed by camper's parent and/or Guardian only.

Submit both camper's general health information and physician's exam form or application will be denied.

Family Doctor: _____ Phone (____) _____

Address: _____ City/State/Zip _____

List all current prescriptions to be taken at Camp Lions:

All prescription medication must be in original bottle with dosage & **prescribing** physicians name clearly written.

NO medicine will be allowed to be taken by campers without doctor orders:

Medication	Dosage	Time Given	Reason for use

** If more space is needed please attach a separate sheet.

For safety, all medications to be taken while at Camp will be supervised by camp health staff and/or camp Nurse.

May Tylenol or Advil be administered if needed? Check one: Yes _____ No _____

Please check choice: Tylenol _____ Advil _____ Type: Liquid _____ Tablet _____

Has camper ever had a seizure: Yes _____ No _____ Severity /Type _____?

Approximate date of last seizure: ____/____/____ what causes seizure? _____

Describe camper's behavior before and after seizure: _____

Is Camper currently receiving care for / have a diagnosis of any of the following: (please ✓ everything applicable).

_____ None Applicable

Deaf/Hard of Hearing	Visual Impairment	Frequent Ear Infections	
Down Syndrome	ADD/ADHD/LD	Asthma	
Autistic behaviors	Learning Disorder	Allergy that requires Epi-pen	
Cerebral Palsy	Chronic Communicable Disease (please specify)	Allergy to horses	
Multiple Sclerosis (MS)	HIV/AIDS	Allergy to Penicillin	
Seizure Disorder	Hepatitis	Chemical Sensitivities	
Mental Health Condition (please specify)	Hemophilia Clotting Issues	Insect bite allergy	
Depression	Heart Condition	Allergy to poison Ivy	
Psychiatric Treatment	Hypertension	Food Allergies (please specify)	

Has camper ever had had any of the following (please ✓ everything applicable). _____ None Applicable

Measles	Polio	Chicken Pox	
Mumps	TB	Hepatitis	

Camper General Health Information *(continued...)*

Other Health Conditions: (please specify): _____

Please provide additional information on any condition as indicated: _____

Blind/Partially Sighted Campers Only – please complete ENTIRE section Not Applicable _____

Degree of Vision loss: Blind _____ Partially sighted: _____

BEFORE CORRECTION: Visual Acuity in right eye 20/____ left eye 20/____

AFTER CORRECTION: Visual Acuity in right eye 20/____ left eye 20/____

Needs Personal Guide: Yes _____ No _____

Wears Glasses: Yes _____ No _____

Uses Cane: Yes _____ No _____

Uses Guide Dog: Yes _____ No _____

Deaf/Hard of Hearing Campers Only – please complete the ENTIRE section Not Applicable _____

Degree of Hearing Loss: Deaf _____ Hard of Hearing _____

Unaided Right Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Aided Right Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Unaided Left Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Aided Left Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

What type of aid does camper wear:

Body _____ In the Ear _____ Behind the Ear _____ Cochlear Implant _____ None _____

Which ear / ears is the cochlear worn in? Left _____ Right _____ Both _____

Which ear / ears is the hearing aid worn in? Left _____ Right _____ Both _____

Communication skills:

Talks well _____ Finger spells _____ lip reads _____ Sign Language _____ Other _____

Self Help Skills

Can camper do these skills independently (please ✓ which applies):

Dress _____ Eat _____ Wash hands _____ Shower/bath _____ Toilet _____

Mobility of camper:

Walk Unassisted Yes _____ No _____

Walk on uneven ground independently Yes _____ No _____

Does camper independently use: Walker _____ Crutches _____ Wheelchair _____ Other _____ N/A _____

Equipment Care

Equipment Care: Does camper know how to care for his/her hearing or visual equipment? Yes _____ No _____

If not, what care is needed: _____

Can Camper independently put on braces and prosthetics if used? Yes _____ No _____ N/A _____

Activities

Can Camper Hike? Yes _____ No _____
Can Camper swim? Yes _____ No _____ *How well? _____
Need instruction with swimming? Yes _____ No _____
Any canoeing experience? Yes _____ No _____
May camper horseback Ride? Yes _____ No _____
What are the camper sleep habits? Wakes easily ___ Cries ___ Talks _____ Bed wets ___ Afraid of dark ___
Has camper had any serious illnesses, operations or injuries that might hinder his/her activities?
Has camper had any serious illnesses, operations or injuries that might hinder his/her activities? Yes ___ No ___
If yes, list restrictions: _____
List any activity camper may not participate in: _____

Insurance Information

Insurance Coverage:

All campers must show proof of Insurance prior to approval.

Insured card holder's name: _____

Name of Carrier: _____

Policy/Group # _____

State Medical Card # _____

Federal Medical Card # _____

*****Please attach copy of current Insurance card*****

Camp Lions of Illinois Physical Exam and Physicians Statement

Entire form to be completed by examining physician. (No substitute forms accepted.) Must attach to application when submitted.

Exam information must be within one year of Camp dates Camper will be attending. (Ex: Camper attending camp August 3rd 2019, camper's physical will be valid from August 3rd 2018 through August 3rd 2019)

Doctor, please print clearly and answer all questions.

Camper's Name: _____ Date of Exam: _____

What is camper's primary disability? _____

Is camper under physicians care for any other condition(s)? Y___ N___

If yes, please list condition(s) _____

Current Treatment(s) _____

Is camper: Deaf___ Hard of Hearing___ Blind___ Partially sighted___

Does Camper wear a hearing aid/implant? Y___ N___

If yes, which ear(s)? L___ R___ Both ears___

Does camper have any of the following conditions? Mark all applicable None Applicable _____

Cerebral Palsy Y___ N___ Epilepsy Y___ N___ Muscular Dystrophy Y___ N___ HIV/Aids Y___ N___

Behavior Disorders Y___ N___ Cognitive Disorders Y___ N___ ADD/ADHD Y___ N___ Hemophilia Y___ N___

Does the camper have Diabetes? Y___ N___ Range _____

On Insulin? Y___ N___ Type: Oral___ Injection___ Can camper self-inject medication if needed Y___ N___

Does camper have Hepatitis? Y___ N___ Type: _____

Does the camper have Asthma? Y___ N___ Uses an Inhaler? Y___ N___ What Type? _____

Should inhaler remain with camper? Y___ N___ Should inhaler remain in nurse's office? Y___ N___

Does the camper wear false teeth? Y___ N___ Does the camper use prosthesis or brace? Y___ N___

Any medically prescribed meal plan or diet restrictions? _____

Any allergies (food, drugs, plants insects, etc.)? _____

Treatment needed to counteract _____

Any activities camper cannot participate in? _____

Immunizations – Mandatory by state guidelines:

Attach current immunization record with the date (month and year) of basic immunization and any recent boosters. Tetanus shot/booster for camper must have been administered within the last 10 (ten) years.

Date administered _____ .

Physicians Statement:

Doctor, please complete in full or application for Camp Lions will be denied.

I have examined the above Camp Lions applicant. In my opinion, the examined applicant is _____ or is not _____ medically fit to participate in a rustic camp program.

Examining physician's Name: _____

Address: _____ City: _____ State _____ Zip _____

Daytime Phone # _____ Emergency Phone _____

Examining Physicians' signature: _____ Date: _____



Camp Lions – Rules and Code of Conduct

Parents: Please read with your camper. Both signatures are required.

Campers Name: _____ **Parent/Guardian Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

It is our commitment to provide a wonderful camping experience for all campers. To assist us in offering a memorable experience we possibly can, please review our camper code of conduct (see below). We want to create a safe and nurturing environment for everyone!

Guiding Principles

- To ensure that the rights of all individuals are protected while attending the camp.
- To establish the safest and best possible learning environment for all camp participants.
- To ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner.

Expectations

- All parents and campers have the responsibility to treat one another, staff and property with respect.
- All parents and campers have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
- Campers have the responsibility to follow the instructions given by camp staff
- All parents and campers have the responsibility to behave according to this code of conduct.

Rules – the following forms of behavior are considered a violation of this document and are unacceptable and could result in the immediate dismissal of camper(s):

- **No cell phones or any other electronic devices (except medically necessary-with a physician's note).**
- Using language which is offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Leaving camp boundaries without permission
- Behaving in a manner which is potentially dangerous to self and others.
- Behaving in a manner which damages or vandalizes the property of others or Camp Lions.
- Stealing or borrowing other people's possessions without their consent will not be tolerated.

Any breach of the Rules or the Codes of Conduct will initiate a disciplinary actions. Camp Lions reserves the right to suspend or dismiss a camper's participation in camp activities, without refund, if such disciplinary actions is required. Before a decision is fully made, the camper and parent/guardian will meet with camp coordinator to determine the best course of actions.

Agreement:

I have read and agree to adhere to the above Rules and Camper Code of Conduct of Camp Lions. My youth and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them: **Both Parent/Guardian and Camper will need to sign:**

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

Parent/Guardian CONSENT FOR CAMPER TO PARTICIPATE in Camp Lions Program:

PLEASE read the following carefully before signing. This form must be completed and submitted with application.

The attached camper's health info is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Parents must initial

CONSENT TO CAMP ACTIVITIES:

We hereby give our permission for our child to participate fully in the Camp Lions program. We understand that the program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside of the campgrounds which will require transportation to and from off-campground locations. We also understand that if qualified camp counselors and supervisors deem it appropriate, our child may be offered an opportunity to engage in certain special activities posing special risks, such as horseback riding. We hereby give our permission for our child to participate in any and all such activities that are deemed appropriate by and supervised qualified camp personnel.

Parents must initial

CONSENT TO MEDICAL TREATMENT:

We fully understand that, even after reasonable precautions have been taken, Camp Lions has certain hazards for which neither the Foundation nor the staff and representative of Camp Manitowa, East Bay Camps, & JCYS Camp Henry Horner can be held responsible. We request that our child be held at the local hospital in case of illness or injury and that we be notified as soon as possible at a telephone number which we agree to supply. We hereby give our permission to the physician selected by the Camp Director, Site Manager or medical personnel to hospitalize and/or obtain appropriate medical care for our child in the event of a medical emergency or other circumstance likely to have an adverse effect upon our child's health, if we cannot be reached in such a situation. We agree to pay the usual charges for such emergency treatment of first aid. We desire notification as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon our child's health, including notification of any emergency treatment first aid administered. We desire the Camp Director to care for our child as if he or she was his/her own.

Parents must initial

AUTHORIZATION FOR TREATMENT:

I hereby give permission to the personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transport to a medical or health care facility, for my child. I hereby give permission to the physician selected by the Camp Directed to secure and administer treatment, including hospitalization, for my child as named above in case of emergency. The completed camp application forms may be photocopied for trips out of the camp.

Parents must initial

CONSENT TO TAKE AND USE OF PHOTOGRAPHS AND VIDEO – POSTING ON FACEBOOK

We hereby give our permission for photos and videos to be taken of our child during any Camp activity and for the publication or other use of such photographs and videos for Public Relations, Fund Raising, Facebook or any other purpose reasonably related to the operation or promotion of the camping program.

Parents must initial

INDEMNIFICATION AGREEMENT

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Camp Manitowa, East Bay Camp, and JCYS Camp Henry Horner and their respective employees, agents, and representative from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Camp Lions Program except for such liabilities, claims, or demands which result from an injury or loss caused solely by the negligent or otherwise wrongful act of omission of the Foundation, Camp Manitowa, East Bay Camp, JCYS Camp Henry Horner, or their respective employees, Agents, or representatives.

Signature of parent/guardian _____

Date _____