

**Lions of Illinois Foundation**  
**2254 Oakland Drive**  
**Sycamore, IL 60178**  
**815-756-5633 Voice/TTY – 815-748-9087 – Fax**

Join us at LIF's Camp Helen Keller for Blind and Deaf Adults!

Our camp is for Blind and/or Deaf adults age 18 & over. Join in the beauty of nature, swimming, boating, crafts, games, sports, and good company! LIF's Helen Keller Camp is held on the beautiful rolling grounds of Camp Henry Horner located in the Northwest metro area at 26710 West Nippersink Road, Ingleside, Illinois. The site is on the edge of the semi-private Wooster Lake and offers housing in a modern, air-conditioned lodge. Meals are prepared by dining staff and served buffet-style in the air-conditioned dining hall. For Safety, all staff are trained in basic First Aid and **ONE** nurse will be on hand to supervise **BASIC** medical needs.

For your further personal comfort, a Personal Assistant/ Visual Guide may attend with you at no additional charge to you for their room and board. (PA/VG must complete an application form and present a verifiable background check.)

Applications to attend must be returned by **FRIDAY, JUNE 1<sup>ST</sup>, 2018**. Each application is processed on a first come; first serve basis and spaces fill quickly so **please** do not delay! Please submit your forms and a \$15.00 deposit check (make payable to: LIF Camp Lions) for your personal spending while at camp and/or a group photo to the address provided on the forms. The balance of your deposit can be refunded on written request at the end of camp. "No shows" forfeit deposit.

**Check-in for Camp Lions – Helen Keller is from 2pm – 4pm on Sunday, June 17th**  
**Check-out is from 9am-11am on Saturday, June 23rd**

**CAMP LIONS HELEN-KELLER DOES NOT PROVIDE NOR ARRANGE TRANSPORT; THAT IS THE APPLICANT'S RESPONSIBILITY.**

Questions? Please contact Lisa Kaczmarczyk at the Lions of Illinois Foundation office Monday – Friday from 9:00 am – 5:00 pm at 815-756-5633 V/TTY Relay, or e-mail at [camplions@lifnd.org](mailto:camplions@lifnd.org)

**2018 Helen Keller Camper Application**

(For Adults 18 years of age and Older)

**Lions of Illinois Foundation**

**2254 Oakland Drive**

**Sycamore, IL 60178**

**815-756-5633 – Fax: 815-748-9087**

[camplions@lifnd.org](mailto:camplions@lifnd.org)

**For Office use only**

Date Received: \_\_\_\_\_

Session: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

\$ \_\_\_\_\_

District: \_\_\_\_\_

**T-Shirt Size - Adult**

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2XL \_\_\_ 3XL \_\_\_ 4XL

**Please note the following:**

1. Please **PRINT** – All information must be provided for application to be approved! Incomplete/illegible forms maybe questioned.
2. **DEADLINE TO SUBMIT IS 4PM, THURSDAY, JUNE 1, 2018**
3. All applications are subject to approval by LIF Camp Lions Administrator.
4. The Lions of Illinois Foundation reserves the right to refuse any application upon review.
5. All applications are subject to approval and are processed on a first come, first serve basis.
6. Please attach your \$15.00 deposit check made payable to: LIF Camp Lions. (Used for personal spending and \$5.00 group photo.)
7. Return entire application to: LIF, 2254 Oakland Drive, Sycamore, IL 60178

**Camper Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Phone Number:(\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Camper's Primary Disability: \_\_\_\_\_

Is Application Self-Guardian? Yes \_\_\_ No \_\_\_\_\_. If not, please list the guardian

Guardian's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Camper General Health Information**

**Submit both camper’s general health information, physician’s exam and Immunization History form or application will be denied.**

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**List all current prescriptions to be taken at Helen Keller Camp:**

All prescription medication must be in original bottle with dosage and **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 a camp health staff and/or camp Nurse.***

**Home Environment:**

Does Applicant live?

Alone Independently	Yes	No
With Family Who Assists you	Yes	No
In a private home with care	Yes	No
In a group/Assisted care facility	Yes	No

**Personal Assistant/Visual Guide Information**

Does applicant currently use an assistant? \_\_\_Yes \_\_\_No

Does applicant require a Visual Guide? \_\_\_Yes \_\_\_No

IF YES, Assistant **must** attend camp (**FREE OF CHARGE**)

Name of Assistant (First/Last)\_\_\_\_\_

Assistant’s address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone #:\_\_\_\_\_ Cell Phone #:\_\_\_\_\_

\*\*If Applicant employs a Personal Assistant/Visual Guide/Part of a Group Home, an “Assistant’s Registration Form” must be submitted with camper’s application. Are Assistant’s Forms enclosed? \_\_\_Yes \_\_\_No

**Applicant’s Mobility Skills: Mobility Ability**

*Mobility Ability:* \_\_\_ Walks Independently \_\_\_ Uses a Cane \_\_\_ Uses a Visual Guide

*Does Applicant use:* \_\_\_ Wheelchair \_\_\_ Walker \_\_\_ Scooter \_\_\_ Other

*Does Applicant independently:* \_\_\_ Dress \_\_\_ Shower \_\_\_ Personal Hygiene  
\_\_\_ Eat/Feed Self

*Applicant sleeps:* \_\_\_ Quietly \_\_\_ Restlessly \_\_\_ Sleepwalks \_\_\_ Wakes Easily

*Does Applicant need rest periods during daytime activities?* \_\_\_ Yes \_\_\_ No

If yes; how long?\_\_\_\_\_ How often\_\_\_\_\_

**Medical Conditions – Does Applicant have:**

Cerebral Palsy: \_\_\_ Yes \_\_\_ No Level: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

ADD or ADHD: \_\_\_ Yes \_\_\_ No Level: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

Alzheimer’s/memory loss: \_\_\_ Yes \_\_\_ No

Arthritis/Joint conditions that limit mobility: \_\_\_ Yes \_\_\_ No

Mobility Limitations: \_\_\_ Yes \_\_\_ No Describe limitation:\_\_\_\_\_

Epilepsy: \_\_\_ Yes \_\_\_ No Frequency of seizures\_\_\_\_\_

Any other disabilities? \_\_\_ Yes \_\_\_ No If yes, please describe:

\_\_\_\_\_

Food allergies or special diet: \_\_\_\_\_

**Camp Activities – Please check all activities you can/will participate in:**

<b>Activity</b>	<b>Yes</b>	<b>No</b>
Hiking		
Team Sports		
Horse Riding		
Canoe/boat ride		
Crafts		
Rock Wall		
Zip Line		
Dancing		
Board Games		
Archery		

Are you able to swim:

\_\_\_\_\_ Yes \_\_\_\_\_ No How well? \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poorly \_\_\_\_\_ Not at all

# 2018 Consent Form – Helen Keller

## PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

**Consent to LIF Camp Activities:** We hereby give our permission for the camper to participate in the Lions of Illinois Foundation (LIF) Camp Lions Helen Keller Adult 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, the camper may be offered an opportunity to engage in certain special activities posing special risks, such as rappelling (rock climbing). We hereby give our permission for the camper to participate in any and all such activities, which are deemed appropriate by and supervised by qualified, camp personnel.

**Consent to Medical Treatment:** We fully understand that, even after reasonable precautions have been taken, LIF Camp Lions Helen Keller activities have certain hazards for which the Lions of Illinois Foundation/Camp Manitowa can be held responsible. We request that the camper be held at the camp health care area/facility in case of illness or injury and the person named “In case of emergency” be notified as soon as possible at a telephone number which is supplied. We hereby give our permission to the physician selected by the LIF Camp Lions Helen Keller Director to hospitalize and/or obtain appropriate medical care for the camper’s health, if no one can be reached in such a situation. We agree to pay the usual charges for such an 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 the camper’s health, including notification of any emergency treatment administered. We desire the LIF Camp Helen Keller Director or designee to care for the camper as if he/she was his own.

**Consent to the taking and use of photos and videos:** We hereby give our permission for photographs and videos to be taken during any/all LIF Camp activities and for the publication or other use of such photographs and videos for public relations, fund raising or any other purpose reasonably related to the operation or promotion of the camping program.

**Consent to release of camper evaluation forms:** We hereby give our permission for the LIF Camp Lions Registrar to release an evaluation completed by the Camp Lions Helen Keller Director and/or Camp Counselors on the camper’s participation in the Camp Lions Helen Keller Adult Program.

**Indemnification Agreement:** We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Camp Manitowa, Camp Henry Horner, respective employees, agents and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with camper’s participation in the LIF 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 Lions of Illinois Foundation, Camp Manitowa, Camp Henry Horner or their respective employees, agents or representatives.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*Signature of Camper: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Camper’s Legal Guardian: \_\_\_\_\_

## Attention All Applicants:

**LIF CAMP LIONS HELEN KELLER ATTENDEES ARE ENCOURAGED TO HAVE A PERSONAL ASSISTANT VISUAL GUIDE ATTEND WITH THEM IF NEEDED.**

Attending PA/VA must work for you and cannot be an additional guest. Campers are solely responsible for paying accompanying assistant's wages and personal expenses. Personal assistants must be 18 years old or older and abide by the same rules of camp conduct as the camper. Personal assistant and Visual Guides must pre-register by including necessary information on separate camp application forms. **\*\*APPLICATION FORMS FOR PERSONAL ASSISTANTS/VISUAL GUIDE ARE INCLUDED WITH THIS PACKET.**

**VISUAL AND ASSISTANCE DOGS ARE WELCOME BY LAW.**

Owner accepts total liability/responsibility for any attending animals including property damage, personal injury (bites, etc.), and personal care, feeding, and toileting of said guide/assistance dog. Notification of dog's attendance must be included on application.

**CAMPERS ARE EXPECTED TO FOLLOW ALL RULES OF CAMP LIONS HELEN KELLER.**

Staff will provide campers with guidelines and rules at check-in. If, for any reason, you violate these guidelines you will be asked to leave. The Camp Helen Keller Director, Camp Helen Keller Staff Supervisor, and or Camp Lions Administrator are the officers to enact this provision.

**SOME BASIC RULES INCLUDE:**

- NO Alcohol or illegal substances;
- NO Smoking except in pre-designated areas
- NO Obscenity
- NO Weapons – (including pocket knives)
- NO aggressive behavior that would put yourself or any other camp participants at risk of harm either bodily, psychologically, or emotionally
- Camper agrees to follow Camp Lions Schedule of activities with your Personal Assistant/Visual Guide as best as possible.

**\*\*\*\*\*ATTENDING CAMPER MUST MAKE ARRANGEMENTS FOR THEIR OWN TRANSPORTATION. CAMP HELEN KELLER DOES NOT PROVIDE CAMPERS ANY TRANSPORT TO OR FROM THE SITE.\*\*\*\*\***

**2018 LIF CAMP LIONS – CAMP HELEN KELLER APPLICATION**  
**Physical Exam – TO BE COMPLETED BY LICENSED PHYSICIAN**

**Must be submitted on or before June 1, 2018. Only this form is accepted; NO Substitutions.**

\*Keep a copy for your records.

Examined Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Height: \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_  
 Skin Condition: \_\_\_\_\_

Is this examined person: Please Mark which is applicable

Deaf	
Hard of Hearing	
Blind	
Partially sighted	
Both	

Level of hearing Acuity Unaided: Left ear: \_\_\_\_\_ Right Ear: \_\_\_\_\_

Does the examined wear: \_\_\_\_\_ Hearing Aids \_\_\_\_\_ Cochlear \_\_\_\_\_ Both

Which ear is the h/a worn: \_\_\_\_\_ Right \_\_\_\_\_ Left

Which ear is the Cochlear worn: \_\_\_\_\_ Right \_\_\_\_\_ Left

Level of Visual Acuity: Left eye: 20/\_\_\_\_\_ uncorrected Right eye: 20/\_\_\_\_\_ uncorrected

Left eye: 20/\_\_\_\_\_ corrected Right eye: 20/\_\_\_\_\_ corrected

Does the examined wear: Glasses: \_\_\_\_\_ Yes \_\_\_\_\_ No

Contacts: \_\_\_\_\_ Yes \_\_\_\_\_ No

Uses eye drops? \_\_\_\_\_ Yes \_\_\_\_\_ No

The examined person is currently under physician care for the following condition(s):

\_\_\_\_\_  
 \_\_\_\_\_

Current Treatment(s) to continue at camp: \_\_\_\_\_

\_\_\_\_\_

Are "Standing Orders" suggested for examined? Yes/No. If yes, please attach orders.

Medication/Treatments: All medications must be in properly labeled containers

Medication	Dosage	Time Given	Reason for use

Does examined have diabetes? \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_

Is the examined on Insulin? \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_ Oral \_\_\_\_\_ Inject

Dosage: \_\_\_\_\_ If IM shots are used can person self-inject? Y/N

Any medically prescribed meal plan or diet restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, describe \_\_\_\_\_

Does the examined have Asthma? Yes \_\_\_ No \_\_\_ Use an Inhaler? Yes \_\_\_ No \_\_\_ What Type \_\_\_\_\_



Should the examined keep inhaler? Yes\_\_\_\_ No\_\_\_ **Or** Inhaler remains in nurse's office? Yes\_\_\_ No\_\_\_  
Does the examined have Cerebral Palsy? Yes\_\_\_\_ No\_\_\_\_  
Does the examined have Muscular Dystrophy? Yes\_\_\_\_ No\_\_\_\_  
Does the examined have epilepsy/seizure disorder? Yes\_\_\_\_ No\_\_\_\_ If Yes, frequency of seizures\_\_\_\_  
\_\_\_\_ On Medication Yes\_\_\_\_ No\_\_\_\_ Describe on set behavior\_\_\_\_  
Does the examined have any cognitive/behavioral disabilities? Yes\_\_\_\_ No\_\_\_\_ If yes, please describe:  
\_\_\_\_\_

BD\_\_\_\_ ADD\_\_\_\_ LD\_\_\_\_ ADHD\_\_\_\_ Alzheimer's\_\_\_\_ MI\_\_\_\_ Other:\_\_\_\_  
Does the examined wear false teeth/partial plate? Yes\_\_\_\_ No\_\_\_\_  
Does the examined use a prosthesis? Yes\_\_\_\_ No\_\_\_\_  
Does the examined use a Wheelchair\_\_\_\_ Walker\_\_\_\_ Crutches\_\_\_\_ Braces\_\_\_\_ Other\_\_\_\_  
Any allergies (food, drugs, plants, insects, etc.)? Yes\_\_\_\_ No\_\_\_\_ If Yes, please describe\_\_\_\_  
\_\_\_\_\_

Current Treatment if allergic reaction occurs:\_\_\_\_\_

Any additional health information?\_\_\_\_\_

Activities the examined cannot participate in:\_\_\_\_\_

Activities to encourage participation in\_\_\_\_\_

**\*\*\*IMMUNIZATION HISTORY: MANDATORY TO INCLUDE\*\*\***

**Tetanus shot for camp (within 10 years) Date last given:**\_\_\_\_/\_\_\_\_/\_\_\_\_

**TB Test for camp (within 3 years) Date last given:**\_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:**\_\_\_\_\_

Please mark an x by appropriate answer

I have examined the above LIF Helen Keller Camp applicant. In my opinion, the examined applicant is\_\_\_\_  
OR is not\_\_\_\_ medically fit to participate in an active camp program.

**Licensed Physician's Signature:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City**\_\_\_\_\_ **State**\_\_\_\_\_

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

**Email:**\_\_\_\_\_

**Date exam completed:**\_\_\_\_/\_\_\_\_/\_\_\_\_ **Examined By:**\_\_\_\_\_

**Return to:**

Lisa Kaczmarczyk

2254 Oakland Drive, Sycamore, IL 60178

[camplions@lifnd.org](mailto:camplions@lifnd.org) or Fax: 815-862-2074

**\*\*\*\*\* APPLICATION DEADLINE IS 6/1/2018\*\*\*\*\***

**Camp Helen Keller – Rules and Code of Conduct**

## Campers

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

It is our commitment to provide a wonderful camping experience for all of our 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 (accept medically necessary – with 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 of camp tuition, 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:

**Camper Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_