



## **LIONS OF ILLINOIS FOUNDATION**

### **CAMP HELEN KELLER 2019**

26710 W. Nippersink Road Ingleside, IL 60041

**Sunday June 16, 2019 to Saturday June 22, 2019**

In 1993 The Lions of Illinois Foundation established Camp Lions Helen Keller for Blind and Deaf Adults 18 years and older. This program originated as a response to meet the needs of individuals served by the Department of Rehabilitation Services Blind/Deaf Division and other advocates for the Blind and Deaf adults in Illinois.

**Camp Lions Helen Keller is the only program of its kind in the Midwest.**



Camp Helen Keller is held at Camp Henry Horner in Ingleside, Illinois. Eligible adults have the opportunity to relax and participate in activities in the great outdoors while being in a safe and accessible environment. Camp Lions Helen Keller is a great place to meet other individuals with similar life experiences. Activities at Camp Lions Helen Keller are designed for adult participants. They include swimming, nature walks, team sports, card and board games, arts and crafts, bowling, and even a talent show and a dance.

**Check in Sunday 2pm-4pm / Check out Saturday 9am-11am**



## **Lions of Illinois Foundation**

### **Camp Helen Keller for Blind and Deaf**

#### **Eligibility for Adult Campers:**

A camper needs to be 18 years or older with a visual acuity range of total blindness or a 20/70 vision in both eyes after best correction and/or have an auditory loss which requires daily usage of communication alternatives such as: sign language, lip reading, or the need of a hearing device such as a hearing aid or a cochlear implant.

**ONE TO ONE CARE IS NOT PROVIDED BY CAMP COUNSELORS OR STAFF**

Applicant must be **independent in all personal care and hygiene** including showering, toilet, dressing, eating etc. **OR must** be accompanied by an Assistant/PA to perform daily care. A personal assistant or Visual Guide/VG may attend with you at no additional cost to you.

**Personal Assistants Requirements:** Assistant must complete the additional application form and be able to present a verifiable background check in order to attend.

Applicant must be **independently ambulatory** to move around the campsite and to participate in activities. Applicant must be cognitively capable of understanding and following instructions from counselors and staff.



## Camp Lions Helen Keller-Adult Application 2019

(For Adults 18yrs and older)

26710 W. Nippersink Road Ingleside, IL 60041

**Sunday June 16, 2019 to Saturday June 22, 2019**

**PLEASE HAVE YOUR APPLICATION COMPLETED AND RETURNED TO LIONS OF ILLINOIS FOUNDATION NO LATER THAN MAY 1<sup>ST</sup> 2019 TO INSURE YOU RECEIVE YOUR FREE CAMP LIONS T-SHIRT.**

Please complete all of the Application/Registration Forms.

Please use this **CHECKLIST** to confirm all of the required information has been included.

|  |  |   |  |
|--|--|---|--|
| <b>CAMPER INFORMATION</b>  |  | <b>INSURANCE INFORMATION</b><br>INCLUDING COPY OF INSURANCE CARD                                      |  |
| <b>GUARDIAN INFORMATION (IF APPLICABLE)</b><br>INCLUDE CURRENT E-MAILS   |  |   |  |
| <b>PERSONAL ASSISTANT/VISUAL GUIDES INFORMATION (IF APPLICABLE)</b><br>PERSONAL ASSISTANT/VISUAL ASSISTANT COMPLETED APPLICATION MUST ACCOMPANY THIS APPLICATION |  | <b>PHYSICAL EXAM WITH PHYSICIANS STATEMENT AND SIGNITURE</b>  |  |
| <b>EMERGENCY CONTACT INFORMATION</b>   |  | <b>CODE OF CONDUCT CAMPER</b><br>PLEASE SIGN THE BOTTOM OF THIS FORM                                  |  |
| <b>PERSONAL ASSISTANT/VISUAL ASSISTANT INFORMATION- CAMPER</b><br>PLEASE SIGN THE BOTTOM OF THIS FORM  |  | <b>CONSENT FORM FOR CAMPER TO PARTICIPATE-Read and Sign</b>   |  |
| <b>GENERAL HEALTH INFORMATION- MEDICATIONS INFORMATION</b>   |  | <b>\$15 CAMP DEPOSIT</b>  |  |
| <b>HOME ENVIRONMENT/MOBILITY</b>   |  | <b>T-Shirt Size-Completed Registration must be received by May 1st to Guarantee your FREE T-Shirt</b> |  |
| <b>MEDICAL CONDITIONS</b>  |  |   |  |
| <b>ACTIVITIES INFORMATION</b>  |  |   |  |



## **Camp Lions Helen Keller Camp 2019**

- Please **PRINT** – All information must be provided for application to be approved. Incomplete/illegible forms may be delayed.
- **\*\*If Applicant employs a Personal Assistant/Visual Guide/Part of a Group Home, assistant MUST attend camp. “Assistant’s Registration Form” MUST BE SUBMITTED with camper’s application, in order for camper to be approved.**
- All applications are subject to approval and are processed and placed into camp once ALL of the CAMPER'S INFORMATION, ASSISTANT INFORMATION (if applicable) AND \$15 CAMP DEPOSIT ARE RECEIVED. **A CAMPER WILL NOT BE APPROVED UNLESS APPLICATION(S) IS COMPLETE.** *The Lions of Illinois Foundation reserves the right to refuse any application upon review.*

Please attach your \$15.00 deposit check made payable to: **LIF**  
**Camp Lions.** Return entire application(s) to:

**Lions of Illinois Foundation**  
**2254 Oakland Drive, Sycamore, IL 60178**

**Fax Number 815-748-9087**  
**E-MAIL [camplions@lifnd.org](mailto:camplions@lifnd.org)**

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

**Helen Keller Adult Camper Information**

**Adult T-Shirt Sizes –check one please**  
\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ 2XL \_\_\_ 3XL \_\_\_ 4XL

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

Preferred to be called \_\_\_\_\_ T-shirt size \_\_\_\_\_

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

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

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

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

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

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

Camper’s Primary Disability: \_\_\_\_\_

Does Applicant Currently require an Assistant? YES \_\_\_\_\_ NO \_\_\_\_\_

Does Applicant require a Visual Guide? YES \_\_\_\_\_ NO \_\_\_\_\_

**Personal Assistant/Visual Guide Information**

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

Assistant’s address: \_\_\_\_\_

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

PH/CELL #: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**\*\*If Applicant employs a Personal Assistant/Visual Guide/Part of a Group Home, assistant MUST attend camp “Assistant’s Registration Form” MUST BE SUBMITTED with camper’s application.**

**Camper’s Emergency Contact Information**

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

Contact Phone Number: \_\_\_\_\_

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

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

# CAMP LIONS HELEN KELLER-PERSONAL ASSISTANT INFORMATION

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

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.)

**Attending PA/VG must work for you as a PA or VG 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.**

A Personal assistant or Visual Guide must pre-register by including necessary information on a 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, PA/ VG ARE EXPECTED TO FOLLOW ALL RULES OF CAMP LIONS HELEN KELLER. CAMPER'S PA/VG ARE EXPECTED TO SIGN THE CAMP LIONS CODE OF CONDUCT INCLUDED IN THIS PACKET.**

If, for any reason, a Camper or his/her PA/VG violate these guidelines both the camper and the PA/VG 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.

- Camper agrees to follow Camp Lions Schedule of activities with your Personal Assistant/Visual Guide as best as possible.

**Attending Campers, PA./VG must make their own arrangements for transportation to and from the camp grounds. Camp Helen Keller does NOT provide campers or camper's assistant transportation.**

**I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR MY PA/VG TO ATTEND CAMP**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

## Helen Keller Camper General Health Information

**To avoid an application denial, please submit both camper's general health information, physician's exam and Immunization History form with this application.**

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### List all current prescriptions needed 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 taken will be supervised by camp health staff and/or a 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 |

### 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 Camper have any of the following:

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 during camp.

| Activity        | Yes | No |
|-----------------|-----|----|
| Hiking          |     |    |
| Team Sports     |     |    |
| Horse Riding    |     |    |
| Canoe/boat ride |     |    |
| Crafts          |     |    |
| Rock Wall       |     |    |
| Zip Line        |     |    |
| Dancing         |     |    |
| Board Games     |     |    |
| Bowling         |     |    |
| Archery         |     |    |
|                 |     |    |

## Are you able to swim?

Yes  No

How well?  Good  Fair  Poorly  Not at all



**Camp Lions Helen Keller  
2019  
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 \*\*\***

**Physical Exam for Camp Helen Keller 2019  
TO BE COMPLETED BY LICENSED PHYSICIAN**

**Must be submitted on or before May 1, 2019. 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 \_\_\_\_\_

**(Physical Exam Camp Helen Keller-(PAGE 2 OF 2 Continued)**

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:  
**Lions of Illinois Foundation**  
**Camp Helen Keller**  
**2254 Oakland Drive, Sycamore, IL 60178**  
**[camplions@lifnd.org](mailto:camplions@lifnd.org) or Fax: 815-748-9087**

**\*\*\*\*\* APPLICATION DEADLINE IS 5/1/2019\*\*\*\*\***



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

**Camper's 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 as memorable an experience we possibly can, please review our camper code of conduct and sign your agreement.

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

## **Camp Helen Keller – Rules and 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):**

- Please keep usage of a cell phone to a minimum – please remember you are at camp.
- Using language which is obscene, offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Using Alcohol or illegal substances
- Bringing weapons(including pocket knives)
- Leaving camp boundaries without consent of counselors or staff
- 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
- Borrowing other people’s possessions without their consent
- Any breach of the Rules or the Code of Conduct will initiate disciplinary action. Camp Lions reserves the right to suspend or dismiss a camper’s participation in camp activities, without refund of any camp monies, if such disciplinary action is required. Before a decision is fully made, the camper and or/guardian will speak with camp coordinator to determine the best course of action.
- **Agreement:**  
I have read and agree to adhere to the above Rules and Camper Code of Conduct of Camp Lions Helen Keller. I fully understand the Rules and Code of Conduct as detailed above and I agree to disciplinary action should any violation occur.

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

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

# 2019 Consent Form – Camp Lions Helen Keller

## PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

**Consent to LIF Camp Activities:** I understand that the Lions of Illinois Camp Lions Helen Keller 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. I also understand that if qualified camp counselors and supervisors deem it appropriate, the camper/I may be offered an opportunity to engage in certain special activities posing special risks, such as rappelling (rock climbing). I hereby give my 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:** I 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 and Camp Henry Horner can not be held responsible. I 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. I hereby give my 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. I agree to pay the usual charges for such an emergency treatment of first aid. I 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. I desire the LIF Camp Helen Keller Director or designee to care for the camper as if he/she was his/her own family.

**Consent to the taking and use of photos and videos:** I hereby give my 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:** I hereby give my permission for the LIF Camp Lions Staff 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:** I 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.

**I have read and understand by signing this document I am giving my consent.**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Camper’s Legal Guardian (if applicable): \_\_\_\_\_

# 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 June 1st**

|        |                                 |        |  |
|--------|---------------------------------|--------|--|
| To:    | Camp Lions<br>Camp Helen Keller | From:  |  |
| Fax:   | 815-748-9087                    | Pages: |  |
| Phone: |                                 | Date   |  |
| Re:    |                                 | E-mail |  |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_