



## Camp Lions 2018

### Come and enjoy Camp Lions for the Blind and Deaf

2254 Oakland Drive, Sycamore, IL 60178

Office: 815-756-5633 \* Fax: 815-748-9087

[www.lionsofillinoisfoundation.com](http://www.lionsofillinoisfoundation.com) \* [camplions@lifnd.org](mailto:camplions@lifnd.org)

To be eligible to attend Camp Lions a camper must:

- **Blind/Partially sighted:** have a visual acuity of 20/70 after best correction; or be legally blind; and/or be a person who is:
- **Deaf/Hard of Hearing:** have an auditory loss that required daily use of sign language, lip reading, and/or daily use of a hearing aid or cochlear implant
- Be between the ages of **7 to 17 years old**
- Be independent in all personal care without assistance
- Be independently mobile on campgrounds

### **Eligible youth attend Camp Lions FREE!**

It is a gift to Deaf/HoH and Blind/Partially sighted youth in Illinois from the Lions, Lioness and Leo Clubs of Illinois. *However, a \$15 deposit for each campers personal spending is required.* Please make a check or money order payable to **CAMP LIONS OF ILLINOIS/LIF** and enclose with **completed** application.

### **\*\*\*2018 Camp Lions Youth Schedule\*\*\***

#### **1<sup>st</sup> Camp - Sunday, June 24<sup>th</sup> through Saturday, June 30<sup>th</sup>**

Youth Camp for Blind/Low Vision and Deaf/Hard of Hearing  
Camp Henry Horner, 26710 W. Nippersink Road, Ingleside, IL

#### **2<sup>nd</sup> Camp – DRONE CAMP - Sunday, July 1<sup>st</sup> through Friday, July 6<sup>th</sup>**

Drone Camp –Youth for Blind/Low Vision and Deaf/Hard of Hearing  
**AGES 13 AND UP – MAXIMUM 15 CAMPERS**

#### **3<sup>rd</sup> Camp – Sunday, July 15<sup>th</sup> through Saturday, July 21<sup>st</sup>**

Youth Camp for Deaf/Hard of Hearing  
East Bay Camps, 24248 Ron Smith Memorial Highway, Hudson, IL

#### **4<sup>th</sup> Camp – Sunday, July 22<sup>nd</sup> through Saturday, July 28<sup>th</sup>**

Youth Camp for Blind/Low Vision  
East Bay Camps, 24248 Ron Smith Memorial Highway, Hudson, IL

#### **5<sup>th</sup> Camp – Sunday, July 29<sup>th</sup> through Saturday, August 4<sup>th</sup>**

Youth Camp for Blind/Low Vision and Deaf/Heard of Hearing  
Camp Manitowa, 12770 N. Benton Road, Benton, IL

**Application deadline for all Youth camps is Monday, June 1, 2018**

**Submit completed application and \$15 check or money order.**

# 2018 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**

### For Office use only:

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

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

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

Check # \_\_\_\_\_

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

### Please note the following:

1. Please **PRINT** – All information must be provided for application to be approved!  
Incomplete/illegible forms may be returned.
2. Deadline to submit is **4PM, Friday, June 1st, 2018**
3. All applications are subject to approval by LIF Camp Lions Administrator.

### Camp Lions Youth Schedule (please ✓ which camp you wish to attend.

- June 24-June 30–Youth Camp-Blind/Low Vision & Deaf/HoH (Ingleside)
- July 1 – July 6 – **DRONE CAMP** – AGE 13 & UP
- July 15–July 21–Youth Camp–Deaf/HoH (Hudson)
- July 22–July 28–Youth Camp-Blind/Low Vision (Hudson)
- July 29–August 4–Youth Camp–Blind/Low Vision & Deaf/HoH (Manitowa)

### T-Shirt– Please ✓ size:

#### Youth

S  M  L  XL

2XL  3XL  4XL

#### Adult

S  M  L  XL

2XL  3XL  4XL

### Camper Information

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

Home Phone # : (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_\_ or 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*

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) cannot be reached.*

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

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

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

# 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:

| <u>Medication</u> | <u>Dosage</u> | <u>Time Given</u> | <u>Reason for use</u> |
|-------------------|---------------|-------------------|-----------------------|
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |
|                   |               |                   |                       |

\*\* 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 / or have a diagnosis 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: \_\_\_\_\_

**Insurance Information**

**Insurance Coverage:**

Do you carry medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insured card holder's name: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Policy/Group # \_\_\_\_\_

State Medical Card # \_\_\_\_\_

Federal Medical Card # \_\_\_\_\_

\*\*\*Please attach copy of 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 info must be less than 12 months old by the deadline date of **June 1, 2018**. 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 conteract \_\_\_\_\_

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 will be denied to attend Camp Lions.***

**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 have your child read or read with your child:**

**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 (accept 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:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent/Guardian consent 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 Director 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 \_\_\_\_\_**

**\*\*\*\*PICK-UP PERMISSIONS(S): Only the person(s) listed below may 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: \_\_\_\_\_**



## Camp Lions of Illinois 2018

Parents/Campers - Use this easy ✓ list to get everything together.

All applications must be completely filled out including all of the following: (as completed:

|                                   |  |                           |  |
|-----------------------------------|--|---------------------------|--|
| Camper Information                |  | Activities                |  |
| Parent/Legal Guardian Information |  | Insurance Information     |  |
| Emergency Contact Information     |  | Equipment Care            |  |
| Camper General Health Information |  | Medical Information       |  |
| Self Help Skills                  |  | Physical Exam & Statement |  |
| Pick-Up Permission                |  | Consent Form              |  |

Please note: All applications are handled on a first come, first serve basis. Campers are assigned to the camp closest to home if no preference is given.

Submit forms to: Camp Lions of Illinois, Lions of Illinois Foundation, 2254 Oakland Drive, Sycamore, IL 60178, or by email to [camplions@lifnd.org](mailto:camplions@lifnd.org)

Applications received after 4pm on June 1, 2018 will be placed on a waiting list.

Placement in Camp Sessions are made on a first in/first served basis. **(This means complete applications with check and physical exam are handled first, in order of date received.)**