



Lions Visually Impaired Youth Camp, Inc

## Lions Bear Lake Camp

### Visually Impaired Camper Application

#### CAMPER ELIGIBILITY GUIDELINES

**IMPORTANT:** Applicants must be able to answer "YES" to all of the following questions in order to attend Camp. You are welcome to submit an application with a "NO" answer, but please be aware that this questionnaire has been provided in order to save you time incurred by the application process. Call or write the office for clarification of any guidelines.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. My child's primary disability is visual impairment that qualifies him or her for camp. <hr/> Children ineligible to attend are those with developmental delay, contagious or infectious diseases, bedfast, a disability which might cause the child to be harmed by the activity of the camp, or a disability which does not allow the child to participate in the camp's therapeutic recreation program.
<input type="checkbox"/>	<input type="checkbox"/>	2. My child will be at least 6 years old but not over the age of 17 at the beginning of the session for which they are applying to attend.
<input type="checkbox"/>	<input type="checkbox"/>	3. My child will be able to participate in and enjoy a therapeutic recreation program for the physically challenged.
<input type="checkbox"/>	<input type="checkbox"/>	4. My child has a corrected visual acuity of 20/40 or less (20/50,etc.).
<input type="checkbox"/>	<input type="checkbox"/>	5. My child is mobile and will be able to travel from point A to point B in order to participate in activities. Appliances that assist children in ambulation must accompany children to Camp.
<input type="checkbox"/>	<input type="checkbox"/>	6. My child has bowel and kidney function and control. If there are internal or external devices my child is able to take care of these needs. Campers must be able to catheterize themselves.
<input type="checkbox"/>	<input type="checkbox"/>	7. My child is able to independently function with basic self-help skills such as feeding and dressing with minimal assistance from counselors.

#### GENERAL INFORMATION

**DATES:** Visually Impaired Camp Sessions; **First Timers: July 18-21, 2010, Lifers: July 18-31, 2010.**

**ACTIVITIES:** Swimming, boating, archery, arts and crafts, fishing, nature, evening programs such as talent shows and dance, team, building and low ropes course, overnight tent camping and cooking, hiking and more!!

**STAFF:** Staff, Counselors are recruited, screened, interviewed and trained to work at camp. They are Professionals, High School and College Students. Recruitment focuses on acquiring students interested in relevant areas of studies in working with youth and disabilities.

**FACILITIES:** All of the buildings at camp are modern, without barriers. The cabins have inside bathrooms, the Health Center and Dining Hall are air-conditioned.

**INSURANCE:** Parents with their own family health insurance are responsible for all medical bills incurred by the camper. Camp has a group medical insurance during the period that they are at camp for those campers without insurance or for additional costs not covered by parents insurance.

**COSTS:** The Lions, Lioness and Leos throughout Michigan and other interested individuals and organizations pay the costs for the camping programs.

**HEALTH CARE:** The camp staffs a Registered Nurse whom is responsible for all the health care at camp. She/He dispenses medications according to the prescriptions and provides first aid. A doctor approves the health care program at camp and is available for consultation

**APPLICATION DEADLINE:** We ask that applications be received by June 12, 2010. We will continue to accept applications after this date as long as there is availability. Please send application and attachments to: Lions Bear Lake Camp, 3409 N. Five Lakes Road, Lapeer, MI 48446



**MEALS:**

- No assistance needed                       Some assistance needed                       Food needs to be cut or chopped
- Needs a straw for liquids

*Special*

*Instructions:* \_\_\_\_\_

**SHOWERS:**

- No assistance needed                       Some assistance needed                       Total assistance needed
- Needs help washing hair only

*Special*

*Instructions:* \_\_\_\_\_

**DRESSING:**

- No assistance needed                       Some assistance needed                       Total assistance needed
- Needs help with buttons and zippers       Needs help with socks and shoes

*Special*

*Instructions:* \_\_\_\_\_

**MOBILITY:**

- No assistance needed                       Requires assistance                       Walks with assistance
- Uses wheelchair                       Uses braces                       Uses prosthetics
- Has had or is having mobility training

*Special*

*Instructions:* \_\_\_\_\_

**TOILETING:**

- No assistance needed                       Needs help transferring                       Wets bed
- Bowel control    \_\_\_\_\_ Limited    \_\_\_\_\_ No control       Catheterizes self every \_\_\_\_\_ hours
- Bladder control    \_\_\_\_\_ Limited    \_\_\_\_\_ No control

*Special*

*Instructions:* \_\_\_\_\_

**ADAPTIVE ASSISTIVE DEVICES:**

- Hearing Aid(s)                       Cane                       Helmet
- Catheter                       Other \_\_\_\_\_

**Note: If your child uses a cane, please bring it to camp for his/her safety.**

Thank you for spending the time to complete the camper information section, this information will be very helpful in the selection process and the child's experience while at camp.

**Important Please Read**

**Please include with this application the following:**

- **Camper Health History Form 1.**

Campers Name \_\_\_\_\_

*Please read this document carefully and sign below.*

**PARENT (LEGAL GUARDIAN) AGREEMENT**

**CONSENT TO ATTEND AND PARTICIPATE**

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Lions Visually Impaired Youth Camp Inc. (hereafter also identified as Bear Lake Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to ropes course, horsemanship, archery, hiking, camp out, water sports, and that one or more of these or other activities may involve travel off of the Bear Lake Camp site. I understand and acknowledge that while the agents, servants, employees, and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's participation in the camp's outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Bear Lake Camp programs and activities.

I further consent to the Bear Lake Camp taking pictures, audiotapes and/or video tapes of my child (ward) participating in Bear Lake Camp activities and programs and the Bear Lakes Camp use of same in camp publications or publicity that is in the proper interest of the Lions Visually Impaired Youth Camp Inc.

**PERSONAL PROPERTY**

I understand the Bear Lake Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuable are not to be brought to camp.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_