



Lions Bear Lake Camp
Visually Impaired/ Blind 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 has at least one of the following: 1) Is legally blind or has a corrected visual acuity of 20/70 or less (20/80, etc.) 2) Totally blind 3) Vision in one eye only 4) Has an IEP in which they receive services due to their vision loss
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/>	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 7 years old but not over the age of 15 at the beginning of the session for which they are applying to attend.
<input type="checkbox"/>	<input type="checkbox"/>	3. My child is mobile and will be able to travel from point A to point B in order to participate in activities with or without assistance. Appliances that assist children in ambulation must accompany children to Camp.
<input type="checkbox"/>	<input type="checkbox"/>	4. My child is potty trained and 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"/>	5. 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; **Session 1: July 8-14, 2018 Session 2: July 22-28, 2018.**

ACTIVITIES: Swimming, boating, archery, arts and crafts, fishing, nature, evening programs such as talent shows and dance, team building and challenge 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 with disabilities.

FACILITIES: All of the buildings at camp are modern, without barriers. The cabins have inside bathrooms, and 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. **There is a \$50.00 registration fee that needs to be sent with the application.** The registration fee is non-refundable.

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 30, 2018.** 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.

CAMPER INFORMATION

<i>Please Print</i>				Office Use only	
Name of Child: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____			Session Dates: _____		
Address: <i>Street</i> _____ <i>City</i> _____			Cabin: _____ <i>State</i> _____ <i>Zip</i> _____		
Age: _____	Date of Birth: _____	Sex: _____	Home Phone: () _____		
<i>Please print</i>				<i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____	
Name(s) of: Parent 1 _____					
Parents: Parent 2 _____					
I am interested in attending: (Please check one or both of the sessions) <input type="checkbox"/> Session 1- July 8-14 <input type="checkbox"/> Session 2-July 22-28					
I am interested in receiving registration information via email. My email address is: _____					
T-shirt size: Adult <input type="checkbox"/> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other: _____					
<i>Place X in one of two boxes above</i> <i>Place X in proper size category</i>					
Vision Information:					
Visual Diagnosis: _____					
Childs level of vision (check all that apply)					
<input type="checkbox"/> Totally Blind (no light perception) <input type="checkbox"/> Legally Blind (20/70 or worse with correction) <input type="checkbox"/> Vision in one eye only <input type="checkbox"/> Light sensitive					
<input type="checkbox"/> Partial sight (please provide visual acuity from recent doctor report) Visual acuity: Rt. Eye: _____ Lt. Eye: _____					
<input type="checkbox"/> Field loss (please describe): _____					
Educational Information:					
School/District: _____ VI Teacher(TCVI): _____					
<input type="checkbox"/> I give permission to contact applicants Teacher. Contact information: Phone _____ Email _____					
Please describe your child's educational program as defined in I.E.P.: _____					

What is your child's reading preference: <input type="checkbox"/> Braille <input type="checkbox"/> Large Print					
Is your child receiving services other than visual? (check all that apply)					
<input type="checkbox"/> Learning disability's <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Emotional Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Impairment					
<input type="checkbox"/> Speech & Language <input type="checkbox"/> Severe Multiple Impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Traumatic Brain Injury					
<input type="checkbox"/> Deaf & Blindness <input type="checkbox"/> Other Health Impairment: _____					

Camper Information cont'd:

Campers Name _____

Has the applicant ever spent a week away from parents before? Yes No

Has the applicant ever attended Lions Bear Lake Camp? _____ If so, how many years? _____

Has the applicant ever attended any other camp? _____ If so, where? _____

Does the applicant have any rooming requests? _____

Away from home, children's skills often vary; please keep this in mind when providing the following information.**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 Prescription Glasses Sunglasses Other _____**Note: If your child uses any adaptive devices, they must be brought to camp for his/her safety.**

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, 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 valuables are not to be brought to camp.

Signature of Parent or Guardian: _____ Date: _____