



Camper Application 2018

What we need from you:

- Completed Camper Application 2018** - If we are missing any information, signatures, or the deposit; we will return the application. Applications will not be accepted after **May 7, 2018**.

- Refundable registration fee - \$25.00***- Check or money order payable to Wisconsin Lions Foundation (WLF).

*If you cannot pay, please call us to discuss the situation before sending in application.

Mail this application to:
Wisconsin Lions Camp
3834 County Road A
Rosholt, WI 54473

We do not accept faxed or e-mailed applications. *Eligible campers are registered on a first-received, first-served basis until the session is full or May 7, 2018, whichever comes first.*

Questions call: 715-677-4969



For Office Use Only		\$	#
AR	Refund/donate	Name	
CS	Status	Address	

Because this Camp is provided free-of-charge:

1. We reserve the right to accept or deny applications.
2. The camper must meet the following general and specific eligibility guidelines.
 - Resident of the State of Wisconsin
 - Age 18 or older at camp time, with any of the following degree of vision loss:
 - a) Totally blind
 - b) Legally blind (20/200) or side vision of not more than 20° with correction
 - c) Low vision-vision of 20/40 Snellen or less with correction
 - d) Vision in one eye only
 - Due to the nature of the adult resort program, all participants must be independent. The camp is not able to serve persons who require supervision or assistance in daily living skills. Counselor supervision is not provided.

In order to facilitate the scheduling of the camper with the proper cabin group, please answer the following as completely as you can. Please print neatly. **Incomplete forms will be returned.**

Camper's Name: (First)_____ (Last)_____

Nickname:_____ Mailing address:_____

City:_____ State:_____ Zip:_____ County:_____

Home Phone:(____)_____ Cell Phone:(____)_____

Birth Date:_____ Age at Camp:_____ Gender:_____

Camper lives: Independently With Family

With Foster Family Group Home Residential Facility

Name of Residential Facility or Agency:_____

- ❑ I will depart camp by bus. If departing by bus, you must confirm the time and location you will depart by June 1, 2018. This will ensure that a staff member will transport you to the bus station.

Camper Information

In the following sections, please check off all statements that apply to you.

Vision

	Yes	No		Yes	No		Yes	No
Totally blind			Night blindness			Prosthetic eye		
Partially sighted			Wear glasses			Uses a service animal at Camp		
Legally blind			Uses a cane			Uses a peer/counselor guide		
Color blind								

Health Concerns: Please check all current health concerns.

ADD/ADHD	Deaf or Hard of Hearing
Allergy that requires Epinephrine	Depression
Asthma	Diabetes or hypoglycemia
Autism spectrum disorder	Heart condition
Behavior disorders	Intellectual disability
Cerebral Palsy	Mental health condition (anxiety, OCD, etc)
Chronic communicable disease (please specify)	Seizure disorder
	Other (please specify)

Please provide additional information on any condition indicated:

I have an emotional health concern. Please specify and give detail: _____

During the past year, I have seen or am currently seeing a professional to address mental/emotional health concerns. Please describe and give brief plan of care: _____

I have had a significant life event (death of a loved one, family change, trauma, etc.) that continues to affect my life. Please specify and give additional detail: _____

Medication: *Please check one of the following:*

- I take no medications.
- I take medications and I will self administer them while I am at Camp. **Please list all medications, vitamins, and supplements on the chart below.**
- I will be taking the following medication at Camp and would like the Healthcare Staff to administer them to me. **Standard Camp medication times are listed in the chart. Please complete the chart with accurate and current medications, vitamins and supplements information. If you cannot adhere to these times, please indicate alternate time and why medication must be given at that time. Please indicate number of tablets, capsules, amount of liquids, puffs of inhalers, etc. in the box below the time medication is to be given.**

Medication	Dosage	Reason for use	8:00am Breakfast	12:00pm Lunch	3:00pm	5:30pm Dinner	Bed-time	Other

Please attach additional sheets if necessary to include all medications. The Healthcare Supervisor will review these medications to ensure that we are able to meet your medical needs at Camp, and may contact you to verify or check medical information listed.

Please indicate any additional information regarding the listed medications that would be helpful for the Healthcare Supervisor's review: _____

Nutrition

- I eat regular, varied meals.
- I am a vegetarian. Please specify type:
 - semi-vegetarian (no pork or beef)
 - vegan (no meats, seafood, eggs, or dairy)
 - lacto-ovo (no beef, pork, chicken, or seafood)
 - pescos (no pork, beef, or chicken)
- I am lactose intolerant. Please specify severity:
 - No dairy of any kind
 - May have small amounts
 - May have with lactaid supplements (camper must provide)
- I am a picky eater. Please specify preferred foods:

- I eat medically prescribed meals (low fat, gluten free, allergies, etc.). Please specify type and modifications made:

In the following sections, please check off all statements that apply to you.

Cabin Life

	Yes	No
I am a smoker		
I am an early riser		
I am a night owl		
I prefer to be with younger campers		
I prefer to be with older campers		

	Yes	No
I prefer to be with same age campers		
I use a CPAP machine		
I need to be woken up		
I need a nightlight		

To make your time at Camp as pleasant as possible, please list any cabin or roommate preference: _____

Communication

	Yes	No
I am able to communicate my needs/wants clearly		
I use sign language		
I have issues with speech		
I am able to understand/respond to questions		
I use a language device		

Mobility

	Yes	No
I walk/run independently		
I use a walker or wheelchair		
I need assistance on steps		
I need assistance walking/running		
I use AFOs or braces on legs		

Communication comments: _____

Mobility comments: _____

Activities

My favorite camp activities are: _____

I do not enjoy: _____

Costs: There is no cost for attendance. The total cost of the camping experience is provided by the Lions, Lioness, and Leos Clubs of Wisconsin, with the additional support of other donors. Contributions are appreciated to ensure the ongoing operation of Lions Camp. A **\$25.00 application deposit** must be submitted with this application. This deposit is refundable if cancellation occurs prior to May 29, 2018. The \$25.00 is returned to you on registration day. If you are not accepted into Camp, the \$25.00 will be refunded to the person who sent in the funds.

Privacy Statement: The Wisconsin Lions Foundation, Inc. requests camper birthdates and ages due to eligibility requirements for the purpose of grouping campers in the appropriate age cabin group and to ensure that campers with similar names have correct files. All forms and documents relating to campers are under lock and key and have limited employee access. If age cannot be provided, we cannot accept camper applications due to the need to verify age. Please contact us with questions regarding this policy.

Transportation: Campers or parents/guardians are responsible for arranging transportation to and from Camp. If transportation is an issue, please contact us and we will try to find a local Lions Club who may be able to provide transportation.

Please read and sign one below

1. If the camper is a legal adult:

To the best of my knowledge, the medical and behavioral information included is accurate. I hereby authorize employees of the Wisconsin Lions Foundation, Inc. to review this application and the medical and behavioral information for the purpose of determining eligibility for Camp and to ensure that the Wisconsin Lions Camp can meet my needs in order to provide a safe and successful camping experience. I have read and understand the above Wisconsin Lions Foundation, Inc. policies.

I understand that the adult program is geared toward independent functioning adults and I agree that I meet the eligibility guidelines on page 2. I further understand that if I am not able to care for personal needs, need more assistance than can be provided to campers, or not able to harmoniously live with others I will be asked to leave by the Camp Director in order to ensure a successful camping experience for all.

Name of Camper (please print): _____

Camper signature: _____ Date: _____

2. If the camper is under legal guardianship:

To the best of my knowledge, the medical and behavioral information included is accurate. I hereby authorize employees of the Wisconsin Lions Foundation, Inc. to review this application and the medical and behavioral information for the purpose of determining eligibility for Camp and to ensure that the Wisconsin Lions Camp can meet the applicant's needs in order to provide a safe and successful camping experience. I have read and understand the above Wisconsin Lions Foundation, Inc. policies.

I understand that the adult program is geared toward independent functioning adults and I agree that my camper meets the eligibility guidelines on page 2. I further understand that if my camper is not able to care for personal needs, needs more assistance than can be provided to campers, or not able to harmoniously live with others I will be asked to pick up my camper by the Camp Director in order to ensure a successful camping experience for all.

Name of Parent or Legal Guardian (please print):

Parent or Legal Guardian signature:

Date: _____

Preferred method of contact:

Phone: _____

E-mail: _____

Best time to contact: _____