



Camper Application 2018

What we need from you:

- Completed Camper Application 2018 including educator signature** - If we are missing any information, signatures, or the deposit; we will return the application. Applications will not be accepted after **May 29, 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.

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.

- Age 6 – 17 at camp time, with any of the following degrees 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
- Can be managed socially and behaviorally in a group with one staff person and six campers.
- Educational placement in a program serving Blind or Visually Impaired students, attending the Wisconsin School for the Blind and Visually Impaired, or eligible for itinerant or other support services even if not taking advantage of those services.
- Fully toilet trained and independent in their self-care skills.
- Resident of the State of Wisconsin or attending school in Wisconsin.

**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 29, 2018,
whichever comes first.
Questions call: 715-677-4969**



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

In order to facilitate the scheduling of your 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: _____

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

Camper lives: With Family With Foster Family Group Home Residential Facility

Name of Residential Facility or Agency: _____

Family/Guardian Information

Parent/Legal Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Work Phone:(_____) _____ Cell Phone:(_____) _____

Please mail my confirmation

Please e-mail my confirmation. All e-mailed information will be sent in Adobe PDF format, which means you will need to download and print all documents.

E-mail address: _____

Emergency and/or Other Contact Information (in addition to those listed above)

Contact #1: _____ **Contact #2:** _____

Relationship: _____ Relationship: _____

Home Phone:(_____) _____ Home Phone:(_____) _____

Work Phone:(_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____ Cell Phone:(_____) _____

2018 Camping Session for Ages 6-17 August 5-10

Arrival on Sunday, August 5th is between **1:00 - 4:00 PM.**

Your specific time of arrival will be included in confirmation materials.

Departure on Friday, August 10th is between **9:30 - 11:30 AM.**

Camper Information

In the following sections, please check off all statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly; giving examples as needed. Use and attach additional paper if necessary.

General Information

Has the camper ever been away from his or her family before? Yes No

If yes, reaction: _____

Has the camper ever been to camp before? Yes No If yes, name of camp: _____

Are problems with homesickness anticipated? Yes No

If yes, how can we modify them? _____

Does the camper get along well with persons his/her age? Yes No

What are the camper's interests? _____

Please list any cabin or roommate preference: _____

Activities

Swims well	Cannot swim, but will go into the water	Wears shirt when swimming
Will not get into water willingly	Fears water	Glasses when swimming

Favorite outdoor activities are: _____

Favorite indoor activities/games are: _____

Activities camper does not like are: _____

Participation Level

Has typical attention span for his/her age	Has a very short attention span
Is under active (needs motivation to participate)	Is overactive
Stays with group	Tends to wander

Please describe how you manage his/her activity level, motivate participation, etc: _____

If the camper wanders, what are ways to redirect their attention? _____

Mobility

Walks/runs independently	Needs assistance walking/running	Needs assistance on steps
Uses a walker	Wears AFO's or braces on legs	Uses wheelchair
Poor fine motor skills	Good fine motor skills	

Mobility comments: _____

Sleep

Are there any unusual sleeping patterns we should know about? _____

Does the camper need a night light or have a bedtime routine? _____

How many hours does the camper sleep at night? _____ Can the camper sleep out in a tent or teepee? Yes No

If no, why? _____

Toileting/Showering & Dressing	Independently	With verbal cues	Some assistance	Total assistance
Uses toilet				
Shampooing				
Soaping				
Adjusting water				
Hair care				
Brushing teeth				
Putting on/taking off shirt				
Putting on/taking off shoes				
Putting on/taking off pants				
Menstrual care (females only)				

Describe any assistance needs checked above: _____

Communication

Verbal Non-Verbal Sign Language Gestures Language Device

Does the camper understand/respond to questions? Yes No

Can camper communicate his/her needs and wants? Yes No

Further instructions regarding communication: _____

Behavior/Social Interaction (please check all that apply)

<input type="checkbox"/>	Outgoing	<input type="checkbox"/>	Happy	<input type="checkbox"/>	Initiates conversations	<input type="checkbox"/>	Is a leader
<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Eager to learn new things	<input type="checkbox"/>	Enjoys social gatherings	<input type="checkbox"/>	Uses appropriate touch
<input type="checkbox"/>	Shy/withdrawn	<input type="checkbox"/>	Unsure of new situations	<input type="checkbox"/>	Needs continuous direction	<input type="checkbox"/>	Able to accept responsibility
<input type="checkbox"/>	Gets upset easily	<input type="checkbox"/>	Self abusive	<input type="checkbox"/>	Verbally aggressive/demanding	<input type="checkbox"/>	Physically aggressive

Please describe in detail these or any other challenging behaviors we should know about: _____

Do you have specific ways of handling behaviors described above (time-outs, charts, 1-2-3, etc)? _____

What usually triggers challenging behaviors? _____

What are two or three effective rewards? _____

Vision (please check all that apply)

	Yes	No		Yes	No		Yes	No
Legally blind			Uses a service animal at Camp			Uses sunglasses		
Color blind			Prosthetic eye(s)			Sun sensitive		
Night blindness			Uses a white cane			Wears glasses		
Totally blind			Uses a peer/counselor guide			Wears contacts		

Health Concerns: Please check all current health concerns.

<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Allergy that requires Epinephrine
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Autism spectrum disorder
<input type="checkbox"/>	Behavior disorders
<input type="checkbox"/>	Cerebral Palsy
<input type="checkbox"/>	Chronic communicable disease (please specify)

<input type="checkbox"/>	Deaf or Hard of Hearing
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Diabetes or hypoglycemia
<input type="checkbox"/>	Heart condition
<input type="checkbox"/>	Intellectual disability
<input type="checkbox"/>	Mental health condition (anxiety, OCD, etc)
<input type="checkbox"/>	Seizure disorder
<input type="checkbox"/>	Other (please specify)

Please provide additional information on any condition indicated: _____

Does the camper have an emotional health concern? Yes No If yes, please specify and give details: _____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?

Yes No If yes, please describe and give brief plan of care camper is following: _____

Has the camper had a significant life event (death of a loved one, family change, trauma, etc.) that continues to affect his/her life?

Yes No If yes, please specify and give additional details: _____

Medication: Please provide complete information on all medications, including prescription and nonprescription medications, supplements, and homeopathic remedies.

Please check one of the following:

- Camper takes no medications.
- Camper will be bringing the medication to Camp as listed below. **Standard Camp medication times are listed in the chart below. Please complete the chart with accurate and current medications, vitamins, and supplements information.** If camper 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	Bedtime	Other

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

Please indicate any additional information regarding the above medications that would be helpful for the Healthcare Supervisor’s review:

Nutrition

<input type="checkbox"/> Can use utensils independently	<input type="checkbox"/> Eats well	<input type="checkbox"/> Overeats
<input type="checkbox"/> Uses special utensils (please label and send to Camp)	<input type="checkbox"/> Has a poor appetite	<input type="checkbox"/> Serves food to self
<input type="checkbox"/> Needs assistance serving food to self	<input type="checkbox"/> Needs food cut	<input type="checkbox"/> Needs help eating

- Camper eats regular, varied meals.
- Camper is 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)
 - pesco (no pork, beef, or chicken)
- Camper is lactose intolerant. Please specify severity:
 - No dairy of any kind
 - May have small amounts
 - May have with lactaid supplements (camper must provide)
- Camper is a picky eater. Please specify preferred foods:

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

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 July 23, 2018. The \$25.00 is credited to the camper's store account on registration day. If the camper is 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: Parents or 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 below

To the best of my knowledge, the medical, educational, and behavioral information included is accurate. I hereby authorize employees of the Wisconsin Lions Foundation, Inc. to review this application and the medical, educational, 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, understand, and agree to abide by the operating policies of the Wisconsin Lions Foundation, Inc. as listed above.

Name of Parent or Guardian (please print): _____

Parent or Guardian signature: _____ Date: _____

My signature above gives permission for my child's teacher(s) and school(s) to release information and to answer the following questions to assist the Wisconsin Lions Camp in determining if they can successfully provide a safe and positive camp experience for my child based upon the Wisconsin Lions Camp eligibility requirements listed on the front page.

Educational Information (*This section must be completed fully by the Special Education Teacher or other qualified personnel.*)

1. Degree of vision loss: Totally blind
 Legally blind (20/200) or side vision of not more than 20° with correction
 Vision in one eye only
 Partially sighted-low vision of 20/40 Snellen or less with correction
2. Educational placement: Program/class for Blind or Visually Impaired students
 Wisconsin School for the Blind or Visually Impaired
 Mainstream program with itinerant or other support services even if not taking advantage of those services
3. Is student receiving additional services for another disability or special need? Yes No If yes, please describe:

4. Are there any behaviors for which you have specific ways of handling and would like us to continue? Yes No
Please include a sample form/explanation on separate page of systems or methods you utilize in school.
5. Please comment on any advice, suggestions, or additional information that would be helpful to the Camp staff in making the camp experience as beneficial as possible for this student:

I recommend this child for Camp. He/she is Blind or Visually Impaired, and meets the eligibility requirements as outlined on page 1. I understand I may be contacted to verify the educational information by Wisconsin Lions Camp Staff.

Teacher's name (please print): _____ Position: _____

Teacher's signature: _____ School: _____

School address: _____

E-mail: _____ Phone: (_____) _____

Preferred method of contact: phone e-mail Best time to contact: _____