



# 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 degree of hearing loss:
    - a) Deaf or profound hearing loss.
    - b) Mild to severe hearing loss (25 - 90 db loss) without amplification in either or both ears.
  - Can be managed socially and behaviorally in a group with one staff person and six campers.
  - Educational placement in a program serving Deaf or Hard of Hearing students, attending the Wisconsin School for the Deaf, or eligible for itinerant and 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  
 VP: 715-952-5703



<b>For Office Use Only</b>		\$	#
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: \_\_\_\_\_

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**Family/Guardian Information**

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Check one:  Text Only  Voice

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: \_\_\_\_\_

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**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:( \_\_\_\_\_ ) \_\_\_\_\_

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**2018 Camping Session for Ages 6-17**

*Please check which session your child would like to attend.*

**July 22-27**

**July 29-August 3**

Arrival on Sunday is between **1:00 - 4:00 PM.**

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

Departure on Friday is between **9:30 - 11:30 AM.**

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**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?  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	Good fine motor skills
Will not get into water willingly	Fears water	Poor fine motor skills

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

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: \_\_\_\_\_

\_\_\_\_\_

**Behavior/Social Interaction** (please check all that apply)

Outgoing	Happy	Initiates conversations	Is a leader
Helpful	Eager to learn new things	Enjoys social gatherings	Uses appropriate touch
Shy/withdrawn	Unsure of new situations	Needs continuous direction	Able to accept responsibility
Gets upset easily	Self abusive	Verbally aggressive/demanding	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? \_\_\_\_\_  
 \_\_\_\_\_

**Communication**

	Yes	No
Oral		
ASL		
Signed English		
Both sign & oral		
Language device		
Understand/respond to questions		
Communicate needs & wants		

	Yes	No
Hearing aid <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		
Cochlear implant <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		
Handle hearing aid/cochlear implant independently		
Needs assistance handling hearing aid/cochlear implant		
Placed in an oral cabin		
Placed in a combination of sign & oral cabin		
Placed in a signing cabin		

Further instructions regarding communication: \_\_\_\_\_  
 \_\_\_\_\_

**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"/>	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"/>	Visual impairment
<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. 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:

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**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:

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

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**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 14 days of your scheduled camp date. 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.**

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

1. Degree of hearing loss:  Deaf or profound hearing loss  
 Mild to severe loss without amplification in either or both ears
2. Educational placement:  Program/class for Deaf or Hard of Hearing  
 Wisconsin School for the Deaf  
 Mainstream program with itinerant or other support services even if not taking advantage of those services
3. Method(s) of communication:  Oral  ASL  Signed English  Other: \_\_\_\_\_
4. Does student use amplification? (please specify) \_\_\_\_\_
5. Is the student receiving additional services for another disability or special need?  Yes  No  
If yes, please describe: \_\_\_\_\_
6. 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.
7. 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 Deaf or Hard of Hearing, 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: \_\_\_\_\_