



Camper Application 2019

What we need from you:

- Completed Camper Application 2019** - If we are missing any information, signatures, or the deposit; we will return the application. Applications will not be accepted after **May 3, 2019**.
- Refundable Registration Deposit** - \$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:
 - 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.**

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 3, 2019, 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 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: _____

Please specify: This form was completed by: Camper An assistant helping or writing for camper Guardian/Parent

Would you like your confirmation sent in large print? Yes No

Please mail my confirmation to: self other (list address here) _____

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

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

Relationship: _____ Relationship: _____

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

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

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

2019 Camping Session

June 9-14

Arrival on Sunday, June 9th is between **1:00 - 5:00 PM.**

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

Departure on Friday, June 14th is between **9:30 - 11:30 AM.**

Camper Transportation

Please check two:

- I will arrive at camp by car.
- I will arrive at camp by bus. **If arriving by bus, you must confirm the time and location you will arrive by May 31, 2019. This will ensure that a staff member will be there to meet you and transport you to Camp.**
- I will depart camp by car.
- I will depart camp by bus. **If departing by bus, you must confirm the time and location you will depart by May 31, 2019. 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 |
|-------------------|-----|----|
| Totally blind | | |
| Partially sighted | | |
| Legally blind | | |
| Color blind | | |

| | Yes | No |
|-----------------|-----|----|
| Night blindness | | |
| Wear glasses | | |
| Uses a cane | | |

| | Yes | No |
|-------------------------------|-----|----|
| Prosthetic eye | | |
| Uses a service animal at Camp | | |
| Uses a peer/counselor guide | | |

Health Concerns: Check all that apply to you and provide any additional information that you feel will be necessary for optimal care for you while at Camp. Please include all current health issues.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Addison's Disease* |
| <input type="checkbox"/> | ADD/ADHD |
| <input type="checkbox"/> | Allergy requiring Epinephrine (Epi Pen) |
| <input type="checkbox"/> | Anxiety* |
| <input type="checkbox"/> | Asthma* |
| <input type="checkbox"/> | Atlantoaxial dislocation |
| <input type="checkbox"/> | Autism spectrum disorder |
| <input type="checkbox"/> | Cancer (or previous history of) |
| <input type="checkbox"/> | Depression* |
| <input type="checkbox"/> | Diabetes* (or hypoglycemia) |

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Down Syndrome |
| <input type="checkbox"/> | Fainting |
| <input type="checkbox"/> | Frequent ear infections |
| <input type="checkbox"/> | Growth delay |
| <input type="checkbox"/> | Headaches |
| <input type="checkbox"/> | Head injury in the past year |
| <input type="checkbox"/> | Hearing loss |
| <input type="checkbox"/> | Heart condition defect/disease |
| <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | Hypothyroidism |

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Incontinence |
| <input type="checkbox"/> | Intellectual disability |
| <input type="checkbox"/> | Intolerance to _____? |
| <input type="checkbox"/> | Other mental health condition* |
| <input type="checkbox"/> | Seasonal allergies |
| <input type="checkbox"/> | Seizure disorder* |
| <input type="checkbox"/> | Sleep apnea |
| <input type="checkbox"/> | Surgical history |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | |

Please provide additional information on any condition indicated: _____

I have a mental or emotional health concern. Please specify and give details: _____

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 details: _____

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 medication (including vitamin and supplement) 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 | Bedtime | Other |
|------------|--------|----------------|---------------------|------------------|--------|------------------|---------|-------|
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

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 provide any additional information regarding the above medications that would be helpful for the Healthcare Supervisor's review: _____

Nutrition

- I eat a regular, varied diet and do not require any special accommodations for meals.
- I am a vegetarian or semi-vegetarian.
- I am a vegan and do not eat any animal products, including meat, poultry, seafood, eggs, and dairy.
- I am lactose intolerant.
- I am gluten free.
- I am diabetic.
- I have a food allergy (causes an immune response and may have symptoms including anaphylaxis, shortness of breath, rash or hives, swelling, nausea, vomiting, diarrhea, and/or abdominal pain).
- I have a food intolerance (causes GI upset such as nausea, abdominal pain, vomiting, and/or diarrhea)
- Foods require modification
- Other diet not listed

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 | | |

Please list any cabin or roommate preference. We will honor these within reason: _____

Communication

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

Mobility

| | Yes | No |
|-----------------------------------|-----|----|
| I walk/run independently | | |
| I use a walker or wheelchair | | |
| I need assistance walking/running | | |
| I need assistance on steps | | |
| 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 28, 2019. 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 option 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 1. 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 1. 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: _____