



# Camper Application 2019

## What we need from you:

- Completed Camper Application 2019 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 24, 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:

- 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
- 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.
- Functions socially and behaviorally with a ratio of one staff to six campers, with a total of 150 campers in Camp.
- Independent in their self-care skills (toileting, dressing, bathing, eating). Campers who use wheelchairs must be able to handle all self-care needs and mobility needs including transfers.
- 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 24, 2019,  
whichever comes first.**



<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:( \_\_\_\_\_ ) \_\_\_\_\_

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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**2019 Camping Session for Ages 6-17**  
**August 4-9**

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

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

Departure on Friday, August 9th 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 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 alleviate 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. We will honor these within reason: \_\_\_\_\_

Our campers are around other people all the time; privacy is rare. How quickly might your camper feel overwhelmed? What signs indicate that s/he's feeling that way? \_\_\_\_\_

**Participation Level - A typical camp day runs from 7 AM to 9 PM with a one hour rest hour**

Participates independently	Needs prompts to participate
Has a very short attention span	Tends to wander

Does your camper have sufficient energy to last through a typical camp day?  Yes  No

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

**Mobility - Camp has mostly paved roads in main area. Camp trails are sand/gravel. There are some steps in some buildings. If your camper uses a wheelchair, they must be able to push selves.**

Walks/runs independently	Needs staff support on uneven terrain	Needs staff support on steps
Wears AFO's or braces on legs		

Mobility comments: \_\_\_\_\_

**Sleep - Our campers wake up at 7 AM and go to bed between 9-10 PM, depending on age.**

Will your camper adjust to this sleep schedule?  Yes  No

What is your camper's night time routine? \_\_\_\_\_

Does the camper experience bed wetting?  Yes  No

Does your camper have any sleep issues? \_\_\_\_\_

Does your camper stay in bed when they wake up at night/early morning?  Yes  No

How many hours does the camper sleep at night? \_\_\_\_\_

**Our staff are not allowed to offer hands on assistance with personal needs.**

Personal Needs	Independently	With verbal cues	Personal Needs	Independently	With verbal cues
Uses toilet			Brushing teeth		
Shampooing			Putting on/taking off shirt		
Soaping			Putting on/taking off shoes		
Adjusting water			Putting on/taking off pants		
Hair care			Menstrual care (females)		

If a camper needs more assistance with items above, please describe: \_\_\_\_\_

**Communication**

Verbal  Non-Verbal  Sign Language  Gestures  Language Device

Does the camper understand/respond to questions?  Yes  No

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

Can the camper communicate when challenges arise?  Yes  No

Does your camper use inappropriate language when frustrated?  Yes  No

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

**Behavior** (please check all that apply)

Gets upset easily	Needs continuous direction	Uses appropriate touch	Physically aggressive
Self abusive	Verbally aggressive/demanding	Able to accept responsibility	Demanding of others
Wanders/runs away			

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

Please share 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 for positive behavior? \_\_\_\_\_

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

Outgoing	Happy	Initiates conversations	Is a leader
Helpful	Eager to learn new things	Enjoys social gatherings	Unsure of new situations
Shy/withdrawn			

Does your camper have any social challenges? \_\_\_\_\_

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

Addison’s Disease*	Down Syndrome	Incontinence
ADD/ADHD	Fainting	Intellectual disability
Allergy requiring epinephrine (Epi Pen)	Frequent ear infections	Intolerance to ____?
Anxiety*	Growth delay	Other mental health condition*
Asthma*	Headaches	Seasonal allergies
Atlantoaxial dislocation	Head injury in the past year	Seizure disorder*
Autism spectrum disorder	Hearing loss	Sleep apnea
Cancer (or previous history of)	Heart condition defect/disease	Surgical history
Depression*	High blood pressure	Other
Diabetes* (or hypoglycemia)	Hypothyroidism	

Please provide additional information on any condition indicated: \_\_\_\_\_

Does the camper have a mental or 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"/> Uses special utensils (please label and send to Camp)	<input type="checkbox"/> Has a poor appetite	<input type="checkbox"/> Eats food intended for others
<input type="checkbox"/> Needs assistance serving food to self	<input type="checkbox"/> Overeats	

- Camper eats a regular, varied diet and does not require any special accommodations for meals.
- Camper is a vegetarian or semi-vegetarian.
- Camper is vegan and does not eat any animal products, including meat, poultry, seafood, eggs, and dairy.
- Camper is lactose intolerant.
- Camper is gluten free.
- Camper is diabetic.
- Camper has 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).
- Camper has food intolerance (causes GI upset such as nausea, abdominal pain, vomiting, and/or diarrhea)
- Foods require modification
- Other diet not listed

**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. The \$25.00 is credited to the camper's store account on registration day. If a camper is not accepted into Camp or cancels prior to the camp session the \$25.00 fee will be refunded.

**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 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 related services for their special needs (i.e. SL, OT, PT)  Yes  No If yes, please describe:  
\_\_\_\_\_

3. Do you have a specific way of handling challenging behaviors?  Yes  No  
Please include a sample form/explanation on separate page of systems or methods you utilize in school.

4. What level of adult support does the camper need in order to be successful in the school environment?  
\_\_\_\_\_

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 student for Camp. The student meets the eligibility requirements as outlined on page 1 for camp attendance. I understand I may be contacted to verify the educational information by the Wisconsin Lions Camp Director.

Teacher's Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_