



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 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 all of the following general and specific eligibility guidelines:
 - Age 9 – 17 at camp time, who meet the following requirements:
 - a) Placement in a program, academic setting or receiving services for Intellectual Disabilities or Autism, or socially functions as having an Intellectual Disability or Autism.
 - Functions socially and behaviorally with a ratio of one staff for 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 sessions are full or May 24, 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 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:(_____)

2019 Camping Sessions for Ages 9-17

Please check which session your child would like to attend

June 30-July 5

July 7-12

Arrival on Sunday is between **1:00 - 5:00 PM.**

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

Departure on Friday 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 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

<input type="checkbox"/>	Participates independently	<input type="checkbox"/>	Needs prompts to participate
<input type="checkbox"/>	Has a very short attention span	<input type="checkbox"/>	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.

<input type="checkbox"/>	Walks/runs independently	<input type="checkbox"/>	Needs staff support on uneven terrain	<input type="checkbox"/>	Needs staff support on steps
<input type="checkbox"/>	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)

<input type="checkbox"/>	Gets upset easily	<input type="checkbox"/>	Needs continuous direction	<input type="checkbox"/>	Uses appropriate touch	<input type="checkbox"/>	Physically aggressive
<input type="checkbox"/>	Self abusive	<input type="checkbox"/>	Verbally aggressive/demanding	<input type="checkbox"/>	Able to accept responsibility	<input type="checkbox"/>	Demanding of others
<input type="checkbox"/>	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)

<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"/>	Unsure of new situations
<input type="checkbox"/>	Shy/withdrawn						

Does your camper have any social challenges? _____

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

<input type="checkbox"/>	Addison's Disease*	<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	Incontinence
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Intolerance to _____?
<input type="checkbox"/>	Allergy requiring epinephrine (Epi Pen)	<input type="checkbox"/>	Frequent ear infections	<input type="checkbox"/>	Other mental health condition*
<input type="checkbox"/>	Anxiety*	<input type="checkbox"/>	Growth delay	<input type="checkbox"/>	Seasonal allergies
<input type="checkbox"/>	Asthma*	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Seizure disorder*
<input type="checkbox"/>	Atlantoaxial dislocation	<input type="checkbox"/>	Head injury in the past year	<input type="checkbox"/>	Sleep apnea
<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	Surgical history
<input type="checkbox"/>	Cancer (or previous history of)	<input type="checkbox"/>	Heart condition defect/disease	<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Depression*	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Other
<input type="checkbox"/>	Diabetes* (or hypoglycemia)	<input type="checkbox"/>	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. 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 meal.
- Camper is a vegetarian or semi-vegetarian.
- Camper is vegan and does not like 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.

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

1. Check all that apply:
 - Educationally functions as having an Intellectual Disability or Autism.
 - Socially functions as having an Intellectual Disability or Autism.
 - Does not have an Intellectual Disability or Autism. Please comment: _____
2. 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: (_____) _____

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