



Camp Lions for Youth will make your summer ROAR with Fun!

Don't miss any of the summer fun such as swimming, nature hikes, making new friends, horseback riding, crafts, pontoon boat rides, archery, team sports, canoeing, talent show, a dance, and much more!

To be eligible to attend Camp Lions a camper must:

- Be between the ages of 7 to 17 years old,
- Be independent in their own personal care without assistance,
- Be independently mobile on camp grounds, and
- Be either:

Deaf/Hard of Hearing: have an auditory loss that requires daily use of sign language or lip reading, and/or use of a hearing aid or cochlear implant
OR Blind/Low Vision: have visual acuity of 20/70 after best correction or blind.

Eligible campers attend Camp Lions FREE! It is a gift to Deaf/HoH & Blind/Low Vision youth in Illinois from the Lions, Lioness, & Leo Clubs of Illinois. **However, a \$15 deposit for each child's use at camp is required.**



The deposit is for the camper's personal use while at camp & to purchase an 8x10 group picture. The balance will be refunded upon request. Please make your check or money order payable to Camp Lions and enclose with application.

Deadline for all Camp Lions Sessions extended to May 1st.

All applications must be submitted and completed in its entirety to be accepted for a camp session. If there is any part of the form that is not completed your camper will not be assigned a camp session and the form will be returned for more information. Only the Camp Lions forms will be accepted.

CAMP LIONS 2010 SCHEDULE

All camps check-in from 2-4pm opening day and checkout at 9-11am last day

- June 27 - July 3 - Youth Camp for Blind/Low Vision & Deaf/Hard of Hearing at Reynoldswood Camp, Dixon, IL
- July 11 - 17 - Youth Camp for Blind/LV & Deaf/HoH at Camp DuBois, DuBois, IL
- July 18 - 24 - Youth Camp for Blind/LV & Deaf/HoH at East Bay Camp, Hudson, IL
- July 25 - 31 - **VISION WEEK - for Blind & Low Vision Youth at East Bay Camp, Hudson, IL**
- Aug. 1 - Aug. 7 - Youth Camp for Blind/LV & Deaf/HoH at Camp Reynoldswood, Dixon, IL



CAMP LIONS DOES NOT PROVIDE TRANSPORT TO OR FROM CAMP. TRANSPORT IS A CAMPER'S RESPONSIBILITY.

Camp Lions of Illinois
Lions of Illinois Foundation
 2814 DeKalb Avenue, Sycamore, IL 60178
 1-800-933-3937 V/TTY * 815-748- 9087 FAX
 e-mail: adwilson@tbc.net

Dear Parents/Guardians of Campers,

The Lions of Illinois are proud to offer Camp Lions to Illinois Blind/Low Vision and Deaf/HoH youth. Our program has been active since 1957 with over 14,000 youth welcomed to Camp Lions. Our philosophy at Camp Lions is to instill in every camper a sense of empowerment and belonging. We offer challenging and fun activities for all campers to enjoy. We are certain your child will come home with news of positive experiences & of new friends they made at Camp Lions.

ATTENTION: The camp application is our portal to all the vital information we need to make this a positive and safe experience for your child. All sections/information marked with an asterisk (*) must be completed by the parent/guardian in full. **No applicant will be approved to attend with an incomplete form.**

Please have the Camp Lions Physical Exam filled out by the licensed physician giving the exam, including the physician's statement in full.

Please note that check-in times of each session are 2pm - 4pm. It is important to arrive during the scheduled check-in times so that all our campers can be shown their rooms, meet their counselors, and meet roommates. Immediately following the check-in Counselors give a brief oral description of basic camp rules to the campers. (Mainly camp rules are be respectful to each other, each other's property and facility property, and always be safe. Most importantly is to have FUN with new friends.)

Check-out is the following Saturday morning from 9am - 11am. Please be on time to pick up your camper. Staff must clean-up, check and prepare gear, and often drive to the next site to set up another camp. This does not allow much time, so your timely pickup is important.

At the bottom of the clothing list is a very important message:

Campers often bring a small fan. Please label if you decide to bring one.
**ELECTRONIC TOYS, VIDEO GAMES, MP3 PLAYERS, IPODS, CD PLAYERS, LAPTOPS,
CELL PHONES, PAGERS, & SIDEKICKS ARE NOT ALLOWED.
Any and all of the above will be held by the Director if found at camp!**

Please understand that toys & electronics can be a hindrance to the process of joining in on team events, paying appropriate attention for safety and instruction, and for socializing with peers at camp. The purpose of the Camp is to empower the campers by experiencing new and challenging activities while making new friends with youth who are also Blind/Low vision and Deaf/HoH. It is hard to do that with campers' texting or blocking out the world with earplugs.

Camp Lions 2010 should be a great year with many exciting events for all to enjoy. We look forward to seeing you and your camper at Camp Lions of Illinois.

Sincerely,

Camp Lions of Illinois
Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, IL 60178
1-800-933-3739 V/TTY
adwilson@tbc.net

2010 CAMP LIONS YOUTH APPLICATION

To be filled completed by parent/guardian. **DEADLINE TO SUBMIT May 1, 2010.**

Please respond to all questions marked with an asterisk (*). Incomplete forms are returned.

All applications are subject to approval by LIF Camp Lions Administrator.

Camper- Please write camp date you prefer here:

SECTION I - BACKGROUND INFO (PLEASE PRINT CLEARLY.)

*Camper's Name _____ *Home Phone # (____) _____

*Age: ____ *Birthdate: ____/____/____ *Gender: Male____ Female____ *T-Shirt Size (youth) __S__ M__ L__ XL__ 2XL__ 3XL__

*Address: _____ *City: _____ *St: ____ *Zip: _____

*Parent's E-Mail address: _____

*What grade will camper enter in the Fall: _____ .

*Mother' Name: _____ * Work Phone# (____) _____ * Cell # (____) _____

*Father's Name: _____ *Work Phone# (____) _____ *Cell # (____) _____

State Medical Card # _____ (attach copy with application)

***Emergency Contact (If parents can not be reached):**

*Name: _____ *Relationship _____

*Home Phone #: (____) _____ *Cell Phone # (____) _____

*Address: _____ *City: _____ *ST: _____ ZIP: _____

*** Blind or Low Vision campers only must complete this section:**

Degree of Vision loss: Blind _____ Low Vision: _____

BEFORE CORRECTION: Visual Acuity in right eye 20/ _____ Visual Acuity in left eye 20/ _____

AFTER CORRECTION: Visual Acuity in right eye 20/ _____ Visual Acuity in left eye 20/ _____

Needs Personal Guide: Y N Wears Glasses: Y N Uses Cane: Y N

*** Deaf/Hard of hearing Campers must complete the following section:**

Degree of Hearing Loss: Deaf ____ Hard of Hearing _____

UNAIDED RIGHT EAR: Mild ____ Moderate/Severe ____ Severe/Profound _____

AIDED RIGHT EAR: Mild ____ Moderate/Severe ____ Severe/Profound _____

UNAIDED LEFT EAR: Mild ____ Moderate/Severe ____ Severe/Profound _____

AIDED LEFT EAR: Mild ____ Moderate/Severe ____ Severe/Profound _____

What type of aid does camper wear? Body ____ In the ear ____ Behind the ear ____ Cochlear Implant ____ None ____

Which ear / ears are the aid worn in ? Left ____ Right ____ Both ____

Communication skills: Talks well ____ Finger spells ____ Speech reads ____ Sign Language ____ Other ____

*** SELF-HELP SKILLS:**

* Can camper do these skills independently? ____ Dress ____ Eat ____ Wash ____ Shower/bath ____ Toilet ____

* Mobility of camper: ____ Walk Unassisted ____ Run ____

* Does Camper independently Use: ____ Walker ____ Crutches ____ Wheelchair Other _____

* Can Camper independently put on braces and prosthetics if used? Yes ____ No ____

ACTIVITIES:

* Check all activities camper may NOT participate in: Hiking ____ Swimming ____ Team Sports ____ Horseback Riding ____ Canoeing ____

* Can camper swim? Y N How well? _____ Need instructions? Y N * Any canoeing experience? Y N

Please check all activities that describe camper's sleep habits: Quietly ____ Awakens easily ____ Cries ____ Talks ____ Bed wets ____

*Has camper had any serious illnesses, operations or injuries that might hinder his/her activities? ____ Yes ____ No

If Yes list restrictions: _____

2010 CAMP LIONS YOUTH APPLICATION - SECTION II: CAMPER'S HEALTH INFO

TO BE COMPLETED BY CAMPER'S PARENT/GUARDIAN.

Submit both Camper's Health Info & Physician's Exam form or application will be denied.

* Camper's Name: _____ * Parent/Guardian's Name: _____

*** LIST CURRENT PRESCRIPTION MEDICATION TO BE TAKEN AT CAMP:**

All prescription medication must be in original bottle with dosage & prescribing physicians name clearly written. No medicine will be allowed to be taken by campers without doctor orders.

<i>Prescribed Medication</i>	<i>Dosage</i>	<i>Prescribing Physician</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Can camper self-medicate? Y N *Does Camper need assistance/monitoring? Y N

* (Please circle one) Tylenol or Advil

* May Tylenol or Advil be administered if needed? Y N What dose _____ Type: Liquid _____ Tablet _____

* Family Doctor: _____ * Phone (____) _____

* Address: _____ * City _____ * ST. ____ * ZIP _____

*** DOES CAMPER HAVE ANY OF THE FOLLOWING (PLEASE MARK EVERYTHING APPLICABLE):**

Asthma _____ Hay Fever _____ Heart Defect _____ Seizures _____ Diabetes _____
Hypertension _____ HIV/AIDS _____ Hepatitis _____ STD's _____ Allergy to poison ivy _____
Hemophilia/Clotting Issues _____ Frequent Ear Infections _____ Allergy to latex _____ Insect bite allergy _____

*** IS CAMPER CURRENTLY UNDER SUPERVISION OR RECEIVING CARE FOR (PLEASE MARK EVERYTHING APPLICABLE):**

Psychiatric Treatment _____ Behavior disorder _____ Chemical Sensitivities _____ ADD/ADHD _____
Learning Disorder _____ Cerebral Palsy _____ Multiple Sclerosis (MS) _____ Cognitive Delay _____
Others (Specify): _____

*** HAS CAMPER EVER HAD (PLEASE MARK EVERYTHING APPLICABLE) :**

Measles _____ mumps _____ chicken pox _____ polio _____ TB _____ Hepatitis _____

*Has camper ever had a seizure? Y N Severity/Type _____

Approximate date of last seizure: _____ On seizure Medication? Y N Type: _____

What causes seizure? _____

Describe camper's behavior before and after seizure: _____

*List all operations or serious injuries in past six months: _____

*Camper's Primary Disability: _____

*Any Recurring Illnesses: _____

* Do you carry medical/hospital insurance? Y N Cardholder's name: _____

If yes, name of carrier _____ Policy/Group# _____

IDPA Medical Card # _____ Medicare Disability Card# _____

(Attach copy of current IDPA medical card , if applicable.)

EQUIPMENT CARE:

*Does camper know how to take care of his/her: _____Hearing Aid _____Cochlear Implant _____Other (list below)

If not, what care is needed: _____

*** DIET AND FOOD ALLERGIES:**

* List or Describe any eating disorders, special diet requirements, or food allergies: _____

2010 CAMP LIONS PHYSICAL EXAM: TO BE COMPLETED BY LICENSED PHYSICIAN

Entire form must be completed by examining physician. (No substitute forms accepted)

This form must be less than 12 months old by deadline date (May 1, 2010).

Doctor, please print clearly and answer all questions.

Camper Name: _____ Date of Exam ____/____/____

Height _____ Weight _____ Blood Pressure _____ Pulse Rate _____ Respiration Rate _____

Is camper: Deaf _____ Hard of Hearing _____ Blind _____ Partially sighted _____

Does camper wear Glasses/contacts: Y N

Does camper wear Hearing Aids/Implants: _____ Right _____ Left _____ Both ears _____

Is camper under physicians care for any other condition(s)? Y N

If yes, please list condition(s): _____

Current Treatment: _____

Does Camper have any of the following conditions?

Cerebral Palsy Y N Epilepsy Y N Muscular Dystrophy Y N HIV/AIDS Y N

Behavior Disorders Y N Cognitive Disorders Y N ADD/ADHD Y N Hemophilia Y N

Does the camper have Diabetes? Y N Range _____ On Insulin? Y N Type: ___Oral ___ Injection

Does camper have Hepatitis: Y N Type: _____

Does the camper have Asthma? Y N Uses Inhaler? Y N What Type? _____

Should Inhaler remain with camper? Y N Should Inhaler remain in nurse's office? Y N

Does the camper wear false teeth? Y N Uses eye drops? Y N

Does the camper have prosthesis or brace? Y N

Any medically prescribed meal plan or diet restrictions? _____

Any allergies (food, drugs, plants insects, etc.) _____

Medication/treatment needed to counteract _____

Any activities camper cannot participate in _____

IMMUNIZATIONS: MUST BE COMPLETED IN FULL OR APPLICATION WILL BE DENIED.

MANDATORY: TETANUS SHOT FOR CAMPER (WITHIN 10 YRS) Date last administered: _____

Please record the date (month & year) of basic immunization and most recent booster.

VACCINES	YEAR OF BASIC INFO	YEAR OF LAST BOOSTER
Diphtheria		
Pertussias DPT		
Tetanus		
Or		
Tetanus TD		
Diphtheria		
Or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard, red Measles, Rubella)		
Mumps		
Rubella (German or 3 day Measles)		
Other		
Hemophilus Influenza B (HIB)		

SECTION III: EXAMINING PHYSICIAN'S STATEMENT: DOCTOR, PLEASE COMPLETE IN FULL.

I have examined the above Camp Lion's applicant. In my opinion, the examined applicant is _____ Or is not _____ medically fit to participate in a rustic camp program.

Examining Physician's Name (print clearly): _____

Address: _____ City _____ IL Zip _____

Phone: Day#: (_____) _____ Emergency#: (_____) _____

Date exam completed: _____ Examining Physician's signature: _____

PARENTS/GUARDIANS- PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW
This form must be signed & sent with application forms for camper to attend Camp Lions of Illinois.

The attached camper's health info is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. **Authorization for treatment:** I hereby give permission to the personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transport to a medical or health care facility, for my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above in case of emergency. The completed camp application forms may be photocopied for trips out of the camp.

Consent to camp activities

We hereby give our permission for our child to participate fully in the Camp Lions program. We understand that the program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside of the campgrounds which will require transportation to and from off-campground locations. We also understand that if qualified camp counselors and supervisors deem it appropriate, our child may be offered an opportunity to engage in certain special activities posing special risks, such as horseback riding. We hereby give our permission for our child to participate in any and all such activities which are deemed appropriate by and supervised by qualified camp personnel.

Consent to Medical Treatment

We fully understand that, even after reasonable precautions have been taken, Camp Lions have certain hazards for which neither the Foundation nor the Illinois Great Rivers nor Northern Illinois Conference of the United Methodist Church nor the Southern Illinois Conference of the Church of Christ nor the Touch of Nature Environmental Center of the Southern Illinois University can be held responsible. We request that our child be held at the local hospital in case of illness or injury and that we be notified as soon as possible at a telephone number which we agree to supply. We hereby give our permission to the physician selected by the Camp Director, Site Manager or medical personnel to hospitalize and/or obtain appropriate medical care for our child in the event of a medical emergency or other circumstance likely to have an adverse effect upon our child's health if we cannot be reached in such a situation. We agree to pay the usual charges for such emergency treatment of first aid. We desire notification as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon our child's health, including notification of any emergency treatment or first aid administered. We desire the Camp Director to care for our child as if he or she was his own.

Consent to the taking and use of Photographs and Videos

We hereby give our permission for photos to be taken of our child during any Camp activity and for the publication or other use of such photographs for public relations, fund raising or any other purpose reasonably related to the operation or promotion of the camping program.

Indemnification Agreement

We hereby agree to indemnify, defend and hold harmless the Foundation, Illinois Great Rivers, or Northern Illinois Conference of the United Methodist Church, or the Southern Illinois Conference of the Church of Christ, or the Touch of Nature Environmental Center of the Southern Illinois University and their respective employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Camp Lions Program except for such liabilities, claims or demands which result from an injury or loss caused solely by the negligent or otherwise wrongful act of omission of the Foundation, Illinois Great Rivers, Northern Illinois Conference of the United Methodist Church, or the Touch of Nature Environmental Center of the Southern Illinois University or their respective employees, agents or representatives.

* _____ *Date _____

* Signature of parent/guardian

Camper's Statement: I also understand and agree to abide with the restrictions placed on my camp activities.

* _____ *Date _____

* Signature of attending camper

* **PICK-UP PERMISSION(S):** Only the person(s) listed below may pick-up my child from Camp Lions after presenting a valid driver's license for identification. (Don't forget to list approved parent and/or guardian.)

Signature of Parent or Guardian: _____ **Date signed:** _____

1. Name: _____ Phone # _____(____)_____
2. Name: _____ Phone # _____(____)_____
3. Name: _____ Phone # _____(____)_____
4. Name: _____ Phone # _____(____)_____
5. Name: _____ Phone # _____(____)_____

Please submit entire form by May 1, 2010. To be complete all applications must contain: Section I Background Info, Section II Camper's Health Info, & Physical Exam form, Section III Examining Doctor Statement, & \$15.00 check or money order for camper's personal spending account.

All applications are handled on a first come, first serve basis. Campers are assigned to the camp closest to where you live for convenience, if no preference is given. **Applications received after the deadline will be put on a waiting list.**

Mail completed forms to: Camp Lions of Illinois, 2814 DeKalb Avenue, Sycamore IL. 60178

1-800-933-3937 Voice/TTY ; 1-815-748-9087 FAX; e-mail: adwilson@tbc.net

CAMP LIONS CLOTHING CHECKLIST

The following is a recommended list of clothing and personal items to bring to camp.

We request that you label all items. Camp Lions & Lions of Illinois Foundation assume no responsibility for lost or damaged articles. THIS LIST IS BASED ON A FIVE DAY STAY.

CAMPER'S NAME:	SESSION	CABIN/Room
	Check-in	Check-out
ITEMS	NUMBER & COLOR	COMMENTS
Sweater/Sweatshirt		
Lightweight Jacket		
T-Shirts (5-8)		
Shorts (5-8 pair)		
Jeans/Pants (3 pair)		
Shirts/Blouses (2)		
Underwear (8 pair)		
Bras (4)		
Sleepwear (3 sets)		
Bath Towel		
Socks (5-7 pair)		
Shoes (2 pair-footwear is to be worn at all times!)		
Hat or Cap (for sun)		
Bathing Suit & Beach Towel		
Sleeping Bag (or Blanket) & Pillow		
<i>White T-Shirt (for craft project)</i>		
PERSONAL ITEMS		
Soap/Shampoo/Deodorant		
Toothbrush & Toothpaste		
Shower Shoes/flipflops for around pool & beach		
Comb & Brush		
Sanitary Napkins, etc.(if necessary)		
Pencil, Paper, Envelope, Stamps- send home a note!		
Dirty Clothes Bag		
Insect Repellant & Sunscreen		
Flashlight (with batteries)		
Hearing Aid Batteries		

Campers often bring a small fan. Please label if you decide to bring one.

ELECTRONIC TOYS, VIDEO GAMES, MP3 PLAYERS, IPODS, CD PLAYERS, LAPTOPS, CELL PHONES, PAGERS, & SIDEKICKS ARE NOT ALLOWED.

Any and all of the above will be held by the Director if found at camp!



#1 CAMP EAST BAY
 24248 RON SMITH MEMORIAL HWY.
 HUDSON, IL 61748
 PHONE # 309-829-7531 V
From I-55 Southbound:
 Exit at Lexington, west 6 miles, turn left, south 1 mile to East bay Camp. Enter by pool to Camp Lions.
From I-39 Northbound: Take exit #8 Lake Bloomington, go east 3 miles to stop sign, turn left and follow signs approx. 3 miles to camp.
From I-39 Southbound: Take exit #8 Lake Bloomington, go east 3 miles to stop sign, turn left and follow signs approx. 3 miles to camp.
From I-74 or I-55 Northbound:
 Follow I-55 northbound to I-39 Exit north, go north to Lake Bloomington Exit #8 go east 3 miles to stop sign, turn left and follow for 6 miles to camp.



#2 CAMP DuBOIS
 2651 QUARRY RD., DuBOIS, IL 61748
 PHONE #618-787-2202 V
From North:
 I - 57 south to Mt. Vernon. West on Rte. 15 through Ashley. Turn left (south) on Rte. 51 and go 6 1/2 miles to Camp Lions sign, turn left, camp is 1 1/2 miles ahead on left.
From East:
 I-70 to I-57 to Mt. Vernon (Rte. 64) turn west go 17 miles west through Ashley to Rte 51 turn south and go 6 1/2 miles to Camp Lions sign. Turn left, camp is 1 1/2 miles ahead on left.
From West:
 Rte 64 to exit 50 (rte 127) go 3 miles south to Nashville, turn left at stop light go 9 miles to Rte. 51, turn right (south) go 6 1/2 miles to Camp Lions sign, turn left. Camp is 1 1/2 miles ahead on left.



#3 CAMP REYNOLDSWOOD
 621 REYNOLDSWOOD ROAD,
 DIXON, IL 61021
 PHONE # 815-284-6979 V
From Route 88: (East/West Tollway)-
 Take HWY 26 North to IL 2 (Emerson St.) and go west 2 miles to sign make a left and a sharp right to entrance.
 Follow signs to the Manor House/Lodge Lobby for check-in.

Have a safe trip!

Keep these maps for your use getting to Camp Lions. Camp Lions does not provide transportation to or from camp – that is solely the camper’s responsibility.